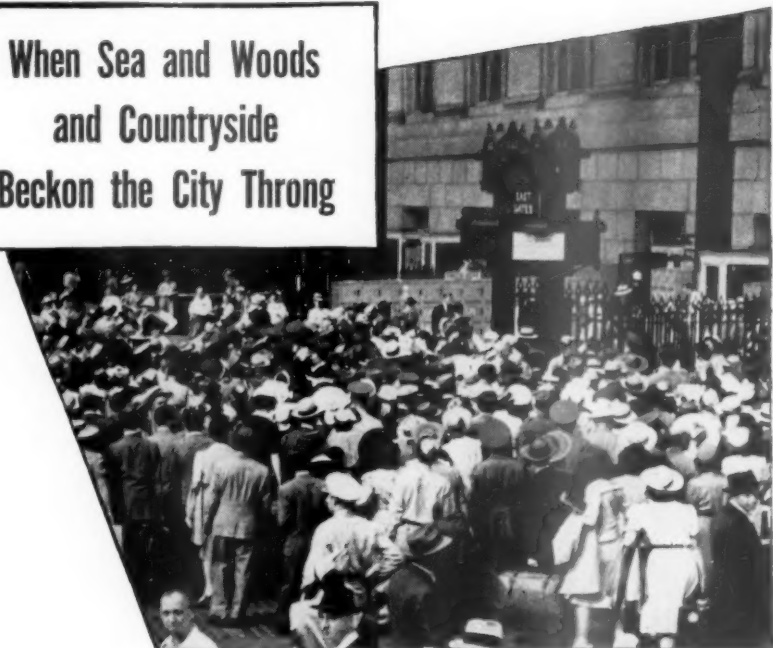




A Journal for Nurses

JULY 1945

When Sea and Woods
and Countryside
Beckon the City Throng



THE irresistible lure of the great outdoors, beckoning the urban dweller, is so often fraught with minor hazards and pitfalls, and usually followed by days or weeks of intense physical discomfort. Ivy, oak, and other plant dermatitides, urticaria from allergic reaction to spoiled food, and exacerbation of quiescent skin lesions, caused by heat, perspiration and tissue maceration, all lead to intense itching. The pruritus may be so distracting as to more than nullify the benefits of the vacation itself. In these typical summer ailments, Calmitol is specifically indicated. Its dependable antipruritic action quickly controls the torment of itching, and overcomes the desire to scratch. Regardless of underlying cause, pruritus stops when Calmitol is used. A single application is effective for hours, hence only infrequent use is needed to maintain continued relief.

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JULY

VOLUME

EDITOR

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Anne

ADVISE

Nan

Eliza

Flora

Eliza

Fran

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Cover: *Alberta D. Czarnecki, R.N.*

When a student at Bellevue Hospital, New York City

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Circulation over 100,000 registered nurses monthly

JULY 1945

VOLUME 8, NUMBER 10

EDITOR

Dorothy Sutherland

ACTING EDITOR

Anne M. Goodrich, R.N.

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Nan T. Cuming, R.N.

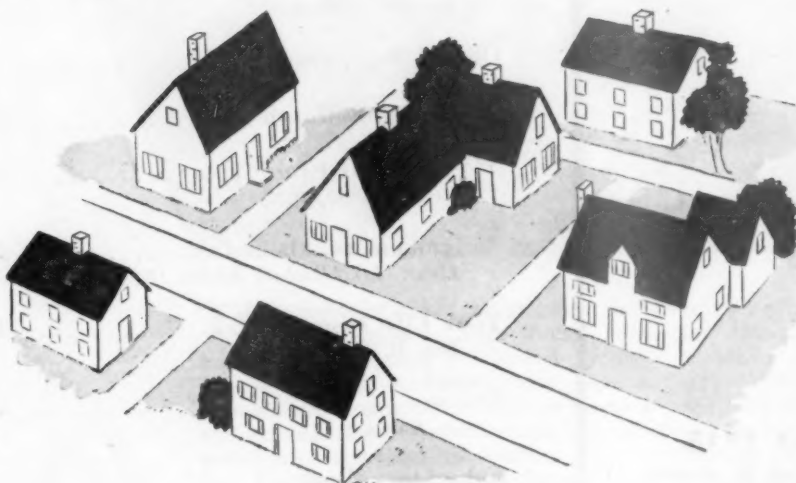
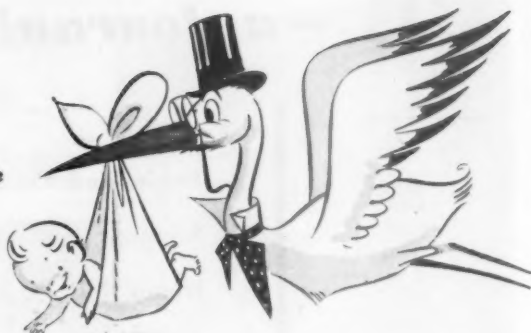
Elizabeth Dyott, R.N.

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The day about to a p

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July,



BUY WAR BONDS AND STAMPS

Only 180 days to Christmas dinner

The turkey you'll carve next Christmas day is a scraggly, awkward 4-ounce poult about now. In the next 180 days he'll grow to a plump 18-pound beauty—if all goes well.

It's partly our business to see that all does go well. There are plenty of risks in turkey raising. Many a young turk doesn't live to reach market. And turkey troubles are often nutritional.

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IT'S TRUE! During sleep the blood pressure, pulse rate, temperature, and respiration are reduced—but the secretion of the sweat glands is greatly increased!

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Wid
July



Shells of Mercy

Surgical supplies go into these shells of mercy. Fired to soldiers fighting in isolated pockets, they help keep open that vital life line of medical aid.

● Behind countless new developments in the care of our fighting men is the military medical man. His "war" goes on even when the guns are silent. His rest periods very often are limited to moments with a cigarette. More than likely the cigarette is a Camel, for Camels are a service favorite around the world.

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Camel

July, 1945



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R.N.

NEVI

Dear I

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July

Debits and Credits

NEVER TOO OLD

Dear Editor:

Two things about the March issue of *R.N.* impressed me very much. First, the cover, as Mrs. Hearn, R.N. is doing a mighty good piece of work although she isn't as young as she once was. I was past the student nurse age at the time of World War I and, although a graduate of several years, entered the Army as a Civilian Laboratory Technician because my vision prevented me from entering the Army Nurse Corps.

Second, under Debits and Credits, the last paragraph of Mrs. Irene Richey's letter states, "I am too old for the service." I wonder what she would think of an old lady like myself trying the Army out as a civilian nurse, for God willing, I'll be sixty in October and I am putting in my eight hours and eight hours plus and am proud to be able to serve the boys who frequently call me "Mom."

MARIE X. LONG, R.N.
Brooklyn, New York

"FORGOTTEN ANGELS" AGAIN

Dear Editor:

I have been enjoying *R.N.* for more than five years. I think your journal is most helpful and interesting. It is doing a great piece of work in interpreting the needs, aims and difficulties of the nurses as a whole. In *R.N.* nurses have a chance to express themselves. The letter of Mary Lewis, Lisbon, Ohio, R.N., April 1945, was especially interesting and I agree that nurses are far too modest and self-effacing and they reap the reward of being relegated to the "has beens" by the public and our Government. Being an ex-service nurse, I was also interested in the views of "Cassandra," *R.N.*, April 1945. I recall the call for nurses in 1917

(volunteer); they fell head over heels to get into service. Of course in those days, nurses of forty or forty-five were not considered senile. Can anyone explain why nurses are rejected at forty-five while Wacs and other organizations accept and admit people fifty years old?

"The Forgotten Angels," caption for the letter written by Marion Wefer of Ardmore, Pa., *R.N.*, January 1945, interested me as I had the same experience when I attended that exhibit. I also attended the exhibit "America at War" in the Chrysler Building where the Wac, Red Cross Motor Corps and GI were exhibited; but no nurses. The saddest fall of the "Angels of Mercy" came a few months ago when the Army, Navy, Marines, Wacs, Waves, Spars and Red Cross were represented at Washington during the funeral cortege of the late President. If commentators were giving a true picture of the procession, the body of professionals who assisted in bringing a President into the world, nursed and cared for him during illnesses, were not present. Where were the Army and Navy nurses that day when tribute was being paid to our dead President? They were at work in hospitals here and abroad, near battlefields caring for the sick and the wounded. I know the President wouldn't have had it otherwise. While paying tribute to the dead is a worthy gesture, the nurse's duty is to the living, but nurses in military service should have had some representation.

BLODWYN LLOYD ROBERTS, R.N.
Pleasantville, New York

Dear Editor:

I wish to challenge in part the letter appearing in *R.N.*, April 1945, written by "Cassandra."

In this letter the writer has a firm conviction that nurses, above all other crea-

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tures in this big world, have a solemn duty to the wounded soldiers. I wonder if she isn't forgetting that we are human beings and as such have liberties which have not been recognized. I hope "Cassandra" will read the article in *R.N.*, June, 1945, entitled "Public Relations and the Nursing Profession." A competent authority points out how the public still thinks of us as sisterhoods and how our leaders in the profession are more concerned with professional status than with our economic status. He states they are way out of step with the times. Many more statements which he makes are well worth our notice and I hope all *R.N.s* will read the article.

Let the Army and Navy make the salaries more attractive and make our profession seem more important and guarantee a postwar security like other women in the armed forces. And as you say 'break down the physical barrier. We are only women, not horses. A little less of the "angel of mercy" and more economic security is what most nurses want and feel their due.

R.N., Hamilton, Ohio

[*Army and Navy nurses come under the G.I. Bill of Rights as do Wac and Wave officers.*—THE EDITORS.]

CALLING CAPT. DAUSER

Dear Editor:

In the February issue of *R.N.*, Sue Dauser, Capt. (NC) USN answers George Mix's letter in the December issue, refuting his statement concerning male corpsmen or pharmacists mates in charge of female wards in Naval hospitals, but she fails to state why? To read her remarks another way, "only registered nurses are assigned to care for officers' wives."

Nurses join the service to care for the wounded soldiers and sailors who are defending our country. Why are their services wasted by assigning them to ward-devoted to the care of women who are not in service? General hospitals are understaffed all through the United States. If nurses preferred to care for non-military patients they would find more work

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STERILIZED
SWABS**



Busy, overworked nurses appreciate the convenience of Q-Tips ready-prepared applicator swabs—their firmly woven swab ends, their uniformity, their double-tipping. They know, too, that STERILIZED Q-Tips mean safety—in baby care—in all uses.

Q-TIPS, Inc., New York



than they could handle in civilian life. Who takes the place of these badly needed nurses on the battle fronts, where they should be and where they expected to be, when they joined up? You can't tell me an obstetrical ward is needed for the GIs.

R.N., Superior, Wisc.

LICENSE THREAT

Dear Editor:

If I quit my job of staff nurse, without a release, to work in another state, could my license be taken away from me? I know if I don't get a release I would have to do private duty for ninety days and automatically work up my own release.

The reason I want to change is because of a death in the family. The hospital I am going to needs nurses badly but I was given the impression here that my license might be revoked.

R.N., Michigan

[License to practice nursing in any state is issued by the state and certifies completion of approved courses and that required examinations have been passed, entitling applicant to practice as an R.N. No hospital can take away a nurse's license. Only the state may revoke it. Nurses in essential positions may leave without a release but other institutions can not accept an unreleased person for ninety days.—THE EDITORS.]

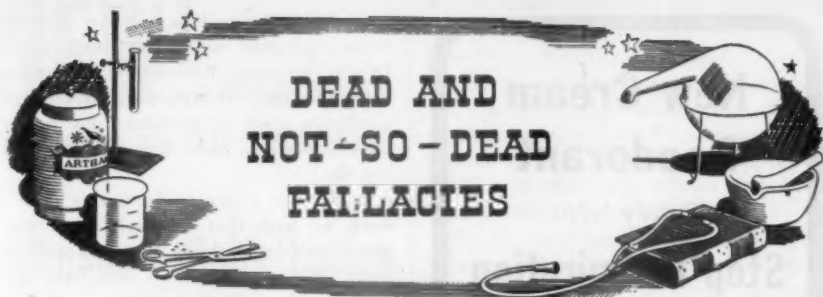
OVERSEAS WASTE

Dear Editor:

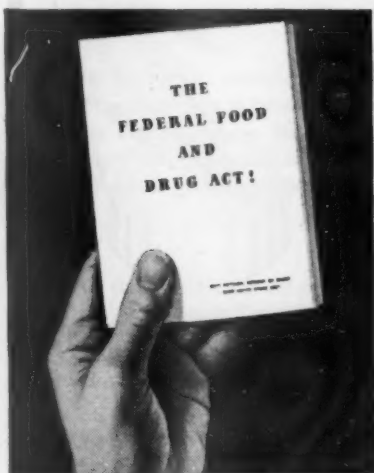
We have been reading all these articles on drafting nurses and all the bombastic programs to promote enlistment of nurses. We are aware of the fact that our Allies need caring for, but we feel that it is a waste of personnel putting registered nurses and M.D.s in a filthy German building for the purpose of cleaning it up. We volunteered for service in the Army to care for American soldiers first, and if there is such a shortage of nurses, then we are displaced.

We feel that medical corpsmen are amply capable of performing the duties we

R.N.



AT THE MEDIEVAL FRENCH COURT the horn of the unicorn was a rare, highly prized antidote for poisoning. A piece of it was always added to the king's cup before he drank. In reality the "unicorn horn" was nothing more than ivory!



BUT A PRESENT-DAY FALLACY still exists: "Canned foods keep because preservatives are added." *Preservatives are NOT used in the canning of foods.* They are neither needed in canned foods nor permitted by the Federal Food and Drug Act!

Canned foods keep because they've been heat-processed in permanently sealed containers. It's this heat-processing and nothing else that preserves the quality and wholesome goodness of foods.



AMERICAN CAN COMPANY

230 PARK AVENUE • NEW YORK 17, NEW YORK

July, 1945

New Cream Deodorant

Safely helps

Stop Perspiration



1. Does not irritate skin. Does not rot dresses and men's shirts.
2. Prevents under-arm odor. Helps stop perspiration safely.
3. A pure, white, antiseptic, stainless vanishing cream.
4. No waiting to dry. Can be used right after shaving.
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**MORE MEN AND WOMEN USE ARRID
THAN ANY OTHER DEODORANT**

have been assigned to, thereby releasing more registered nurses for nursing care. In our frequent transfers we have met numerous units complaining of the same condition, "no assignments, no nursing duties, just a lot of book work that anyone can do."

If we are going to have this type of work we wish that we could get enough insect powder to keep the fleas and lice away. We are ten nurses who have been over here long enough to know what the score is.

"10 Lieutenants of the A.N.C."

R.N. STATUS

Dear Editor:

It seems to me that the standards of the nursing profession are taking a decided set back. If this continues for any length of time we will be back to our "Sarah Camp" days.

I work in an institution that is engaged in the training of nurses—if you can call it training. They sure learn all the "short cuts." As time goes on I observe that "a little knowledge is worse than none at all" and twice as dangerous. Technique and ethics are not drilled into these girls well enough or thoroughly enough to have any lasting effect. In this institution we also have so-called "nurses" who came here as maids. They draw salaries about equal to the R.N.s. Although each floor has two R.N.s as supervisors, many times they are left without a competent head. Little respect is given by P.N.s to the other R.N.s on general duty.

What can we, as R.N.s, do to correct such conditions when state and county allow them to exist. With all of the "would be" nurses being thrust onto the public, it is about time that R.N.s woke up and realized that they are losing ground fast. We should do something about it.

R.N., Rochester, N.Y.

Pictures in this issue

P. 33, Official U.S. Army photo.

P. 34, Press Association, Inc.

Pp. 36-40, Official photograph, U.S. Navy.

NEW! Helps reduce
incidence of skin irritations!

Johnson's Baby Lotion
(ANTISEPTIC)



Photomicrograph showing discontinuous oil film of Johnson's Baby Lotion. Observe the extremely fine dispersion of micron-size oil globules. X1000.

**Leaves a
discontinuous film**

Johnson's Baby Lotion is an oil-in-water emulsion, homogenized under high pressure. As the water phase of the lotion evaporates from the skin, it leaves behind a meshwork of micron-size oil globules.

This lets the skin function normally, permitting normal heat radiation and allowing perspiration to escape readily—materially reducing incidence of irritations.

**Has an unusually
low surface tension**

The surface tension of Johnson's Baby Lotion is 42 dynes. Hence, Johnson's Baby Lotion is more readily miscible with other fluids (permitting release of the antiseptic agent more readily) and with foreign bodies (thus removing soil more effectively).



Johnson's Baby Lotion

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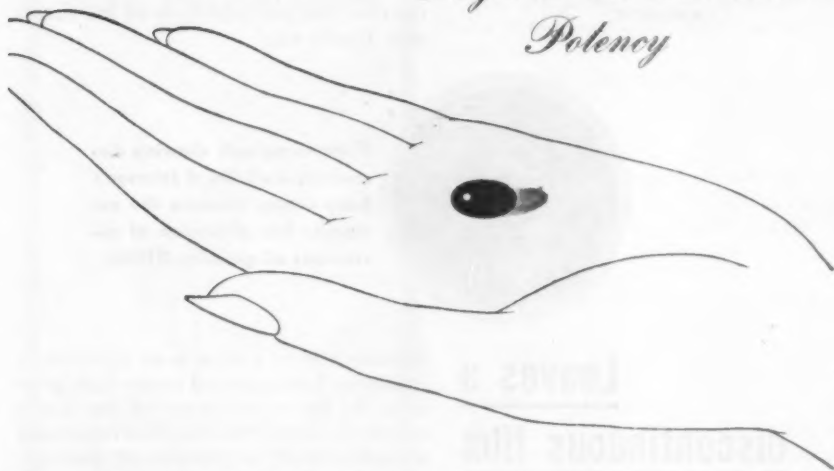
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July, 1945

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*High in B₁ and B₂
Potency*



TRAPADIN IMPROVED is the only Nine-Vitamin Capsule preparation with vitamins B₁ and B₂(G) at high levels and in the A.M.A. Council accepted ratio of 1 to 2.

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Trapadin Improved guarantees a high B₁ and B₂(G) intake in conjunction with the fat-soluble vitamins A, D and E, and the water-soluble vitamins C, PP, FF and B₆, thus being a particularly valuable adjunct for *speedy restoration of optimum nutritional states.*

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Trapadin Improved is made by International Vitamin Corporation—"The House of Vitamins"—devoted to the exclusive manufacture of vitamins and vitamin products, New York, Dallas, Chicago, Los Angeles.



IVC. TRAPADIN* Improved

REG. U. S. PAT. OFF.

What is the truth about bulk laxatives?

Dear R.N.

To help clarify your own thinking on a subject which has long been controversial in the treatment of habitual constipation, you may like to answer the following questions:

Question: Do you believe that many patients troubled with constipation need to augment their diets with supplemental bulk to encourage regular peristalsis?

Answer: _____

Question: Do you find that some patients require more than simple bulk — that they need a motility factor to furnish the urge to keep the bulk moving?

Answer: _____

Question: Have you found that many so-called "bulk" laxatives fail to furnish sufficient volume to accomplish the desired result?

Answer: _____

Question: Have you refrained from prescribing bulk laxatives because of a conviction that as a group such products are harsh and irritating to the lining of the intestines?

Answer: _____

Until you have given SARAKA a thorough trial, these questions cannot be answered to your full satisfaction.

You are invited to write for a generous sample of SARAKA to prove for yourself its remarkable efficacy in the treatment of habitual constipation. Please mail in the coupon.

SARAKA

Contains

70% bassorin and 6.5% cortex frangula.

Please send free package of SARAKA

RN _____

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UNION PHARMACEUTICAL COMPANY, INC.
BLOOMFIELD, N. J.

July, 1945

for menopausal serenity

CONESTRON^{*}

a new **Wyeth** product
NATURAL CONJUGATED ESTROGENS

Highly potent • Naturally occurring • Orally active

Well tolerated • Small dosage

Supplied in bottles of 100 and 1000 tablets.

REG. U. S. PAT. OFF.

WYETH INCORPORATED • PHILADELPHIA 3 • PA.



Science Shorts

MIGRAINE. Histamine is a method of treatment for migraine headaches. The drug is now injected into a vein instead of being given intramuscularly. Of thirty-four patients so treated, twenty-four became symptom free and seven were improved. Drs. S. Butler and W. A. Thomas who did this work caution against indiscriminate use of histamine as it is particularly dangerous if given to patients with peptic ulcer or high blood pressure.

An electric vaporizer for the sick-room is contained in a radio-sized plastic case. It gives a "dry steam" vapor within one minute after connection is made. There is a two quart water container and a special compartment for a medicament.

ENDOCRINOLOGY. Dr. K. A. Oster reports that a hitherto unknown action of female sex hormones may be responsible for certain disorders in women. His experiments indicate a definite link between kidney and ovarian function . . . Vitamin K reduced the duration of flow one or more days in cases with a history of prolonged menstrual flow. Other reports indicate that this vitamin is useful in controlling menorrhagia when the disorder cannot be accounted for by local pelvic abnormalities. Underlying principle of this reaction is believed to be an improvement in liver function as there is evidence that the liver does play a role in the genesis of some disorders of menstruation through impairment of the estro-

gen-inactivating function . . . Excellent results were obtained in treatment of pathological amenorrhea with Synapoidin. This drug is a combination of anterior pituitary follicle-stimulating hormone and chorionic gonadotropin.

There is an ultraviolet and infrared ray lamp that can be attached to an ordinary house socket. Suntan is achieved three times faster than by the sun itself. Ultraviolet rays are secured from electric discharges through mercury vapor and the infrared rays from a tungsten filament inside the bulb.

MILITARY. American soldiers with chest wounds—which with head and abdominal wounds are the most fatal type of battle injury—are being saved by surgery in this war at a rate triple that of World War I. This has been achieved in spite of the fact that chest wounds are more serious in this war because of the increase in bomb fragments . . . A hospital in Britain has been set up for rehabilitation of wounded hands exclusively . . . The Army's "10-in-1" ration provides a different menu for every meal for three days. It contains supplies for ten men for one day and is sub-packaged for five men for two days. In addition each package holds cigarettes, matches, can openers, salt, toilet paper, soap and paper towels . . . The Army Medical Department recently rated atabrine, the substitute for quinine, as "even better" than the original drug. This is the first unqualified statement on ef-

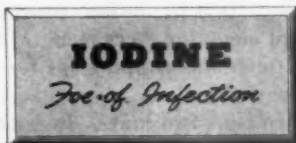


IODINE

Trustworthy Germicide

The germicidal value of Iodine has been so effectively demonstrated both clinically and in laboratory tests, that Iodine is recognized and accepted as a standard of comparison for other antiseptics—old or new.

The nurse may safely rely upon Iodine...in the hospital...in the office...in the home. Its action is rapid and trustworthy.



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Bureau, Inc.**

120 Broadway, New York 5, N. Y.

fectiveness of the synthetic drug . . . A Navy report shows that mapharsen is of considerable value in the treatment of malaria and is effective even when quinine fails in some cases, particularly if quinine-fast organisms are present or the quinine is not properly assimilated . . . Navy medical officers report that the natives of Guam are completely free from malaria and filariasis and practically free from syphilis. Field laboratories and units have been cited for the health work they have accomplished on the Pacific islands . . . A new GI sweet for the South Pacific is made from pineapple and Hawaiian sugar. It is made into a chocolate coated peanut bar with peanuts from Texas . . . Wounds that failed to heal after extirpation of a pilonidal cyst were packed with gauze wet with tyrothricin. Repacked every day, the wounds were clean and granulation had begun after ten days. No conclusions are drawn from this Navy report but the treatment is considered significant for care of refractory cases of a condition which causes much loss of manpower throughout the service . . . Phosphorus burns are being treated with a solution of permanganate of potash and bicarbonate of soda . . . In its efforts to rehabilitate blinded soldiers of the present war, the Army will be assisted by an honorary civilian advisory committee, selected by The Surgeon General from among the outstanding leaders in work among the blind throughout the U.S. . . . Despite a serious shortage of X-ray film for both military and civilian purposes the Army Medical Department is making every effort, consistent with the maintenance of high professional standards, to maintain medical standards.

*

*Irrespective of size, oranges that
receive the most sunshine as they grow,*

R.N.



1. "Another uniform all rotted! Why is it yours aren't even spotted?"



2. "I use Yodora — so should you. A dream deodorant come true."



3. "Yodora's gentle. Won't rot or fade. Trustworthy too—It's McKesson made."



4. "Now all my clothes will pass inspection — Yodora gives such grand protection!"

Why YODORA is different

1. Stays creamy soft! Made on an entirely new principle, Yodora never dries or grains!
2. Actually soothing! No harsh, metallic salts to cause "armpit pimples."
3. Powerful protection! A dab under each arm keeps you dainty all day.
4. Pleasing scent—Yodora even leaves a light, exquisite fragrance of its own.
5. Won't rot or fade clothes.

Yodora has been awarded the Seal of Approval of the Better Fabrics Testing Bureau.

6. Yodora costs less per ounce than other leading deodorants! Generous tubes or jars, 10¢, 30¢, 60¢. MCKESSON & ROBBINS, INC. Bridgeport, Conn.



YODORA *deodorant cream*

July, 1945



M. BURNEICE LARSON, *Director*

You may be something pretty special in surgery—but assigned to the pediatric ward, you go quietly mad. Other people's children (especially sick ones) are not your dish! And you needn't hang your head about it. Many an angel of mercy in the children's ward is slightly less than efficient when she tries to conquer her inner aversion to operating tables.

Our point is that while it's fine for character to do things we dislike (now and then)—it's not fair to other people involved when a nurse is chained to a phase of nursing she isn't fitted for. She just *can't* do right by it.

If you haven't found the nursing niche for which nature intended you, we hope you'll make use of our service. Our stream-lined analysis of your qualifications (professional and personal) will pave the way for solid suggestions about openings which seem ideal for you. We help you with negotiations for the position you select, too.

Won't you write for our analysis sheet today? We believe you'll be delighted with our ability to suggest opportunities suited to your individual need.

M. BURNEICE LARSON

*Director, THE MEDICAL BUREAU
Palmolive Building Chicago*

have the highest concentration of vitamin C in the juice.

*

PSYCHOLOGY. The Eastern Psychological Association heard two independent papers, both reported that electric shock treatment may have damaging effect on memory and the ability to re-learn. The investigators, Dr. C. P. Duncan of Brown University and Dr. E. M. McGinnies, Jr. of Harvard University have conducted experiments on rats and feel that the same results may hold good for humans . . . There is a new simple questionnaire of ninety-two questions, designed for the armed services, which can be answered by just circling the answers "yes" and "no." Within one minute it is possible to determine men with serious personality or nervous difficulties from those in good mental health. In tests on 980 men in camps and hospitals, of those who gave more than twenty-three wrong answers on the questionnaire, all but .9 percent were found in a later psychiatric interview to have personality disturbances and ninety-two percent were rated "severe psychoneurotics."

*

Prof. A. L. Romanoff of Cornell University has developed a treatment to keep eggs in good edible condition for as long as a year. The eggs are plunged into boiling water for five seconds, allowed to cool and then put away in a refrigerator. That is all.

*

EYE BANK. The Eye-Bank for Sight Restoration, Inc., a national organization, has established its headquarters in New York. It is estimated that from 10,000 to 15,000 blind persons in the U.S. may see as a result of their work. Corneas may be taken from either the living or dead and transplanted, but

R.V.



Note for the seashore season:

Mazon treatment controls Athlete's Foot infections



The in vitro study at the left shows how Mazon exerts inhibitory action on the growth of the *Trichophyton*, Athlete's Foot fungus.

Mazon and Mazon Soap act quickly to bring Athlete's Foot infections under control. This simple treatment provides relief from the distressing irritation and promotes rapid clearing of the affected area.

MAZON

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

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ANN RUTHERFORD

glamorous Hollywood star featured in "Bed-side Manner." an Andrew Stone Production



Overnight... You'll Have LOVELIER HAIR

Many of Hollywood's most beautiful stars use this over-night 3-Way Medicinal Treatment. Glover's will accentuate the natural color-tones of your hair with sparkling highlights! Try all three of these famous Glover's preparations—Glover's original Mange Medicine—GLO-VER Beauty Shampoo—Glover's Imperial Hair Dress. Use separately, or in one complete treatment. Ask for the regular sizes at any Drug Store or Drug Counter.



TRIAL SIZE —
Send Coupon for all three products in hermetically sealed bottles, packed in special carton with useful **FREE** booklet, "The Scientific Care of Scalp and Hair."

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Glover's, 161 W. 31st St., Dept. 197
New York 1, N. Y.

Send "Complete Trial Application" in three hermetically sealed bottles, with informative booklet, as advertised in plain wrapper by return mail. I enclose 25c.

NAME

ADDRESS

■ Sent **FREE** to members of the Armed Forces on receipt of 10c for packaging and postage.

they must be used shortly after removal. At present the corneas can be stored for three days but an effort is being made to find a method for longer preservation. This organization is affiliated with twenty-two hospitals in the city and twenty leading ophthalmologists. It is planned to extend, through scholarships and fellowships, the knowledge and skill required to perform the delicate operation.

*

When strawberries are hulled before washing it removes a protective outer tissue near the stem and causes vitamin C loss.

*

NEW. Drs. H. A. Reimann, W. F. Elias and A. H. Price report a promising new drug, related to penicillin, for the treatment of typhoid. Antibiotic, streptomycin, is nontoxic and, like penicillin, has an inhibiting action upon bacterial growth. They studied effects of the drug during an epidemic in Philadelphia in 1944. . . An anti-haemorrhagic material derived from blood plasma and human placentas has been found useful in shock, in hemophilia and to stop bleeding during surgical operations. . . Dr. J. A. Camelford has perfected a new method for sterilizing contaminated water. Water is strained, then passed through high pressure pumps, heated and finally sprayed through a nozzle into a vessel maintained at a nearly perfect vacuum. Result is potable water, free of biological contamination. . . The USPHS has developed a new vaccine to protect against Rocky Mountain spotted fever. While it cost the lives of many scientists who worked on the problem, it is now available to immunize those living in infected regions. A serum for treating the disease is already in use. . . A mildewproofing and water repellent for all fabrics has been announced. It cre-

Nurse: We want you to taste this palatable soda tablet



Carbox Bell is made entirely of sodium bicarbonate and aromatics because our doctors tell us that sodium bicarbonate properly used is the fastest-acting and most dependable relief known for the symptoms of indigestion.

"Trial is Proof"

THE CANDY-TASTING ALKALIZER

SEND FOR SAMPLE

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Orangeburg, N. Y.

RN-7-45

Sample Carbox Bell, please.

R.N.

Address

July, 1945

23



CONTI CASTILE SOAP, U. S. P.



For infants, children and skin conditions wherever water itself can be used.

P. S. NURSE: The soap recommended for baby's skin is also the soap for yours!



THE MARK OF
UNSURPASSED
QUALITY FOR
OVER A CENTURY.

CONTI PRODUCTS CORP.
45 Clinton Avenue, Brooklyn 3, N. Y.

ates resistance to wilting and staining of linens and nurses' uniforms. Color and sheen are not affected and resistance to soil, stains and perspiration is increased. . . A woman's leg was refrigerated for eighty-nine days, and saved from amputation. . . Bacteriophage can now be seen through an ordinary light microscope by treatment with auramin, a dye, and radiation with ultraviolet rays. . . Dr. H. M. Felton has reported a new serum for whooping cough. It is prepared from the blood of adult donors with positive childhood histories of whooping cough, and reduced the percentage of children continuously exposed to the disease from 80-90 percent to 22 percent in one reported series. . . A new type of operation has saved the lives of three "blue" babies. The malformed heart of these babies results in a deficiency of oxygen supply and the operation joins the pulmonary arteries to the aorta. Drs. A. Blalock and H. B. Taussig believe the operations have been sufficiently encouraging to warrant an early report.

*

War babies cost the U.S. about \$84.50 apiece.

*

POLIO. Dr. Robert Ward and associates of Yale University School of Medicine have found that food contaminated by flies may cause poliomyelitis. They tested food in homes where there were cases of polio, fed it to chimpanzees and found that the animals had the virus in the excreta as a result. . . Drs. M. S. Aisenberg and T. C. Grubb believe that cavities in teeth which expose the pulp may be a route by which polio infection enters the body. They particularly warn against extractions during the polio season. They do not believe this is the only route of infection but consider it important enough to warrant study.



"Acetylsalicylic acid continues to be the safest and generally the most effective analgesic drug."

Journal A. M. A.,
July 25, 1942, p. 1065.



BAYER ASPIRIN

WHEN IT'S GASTRIC HYPERACIDITY,
I ADVISE BISODOL



Gas, heartburn, upset stomach, nervous indigestion due to gastric hyperacidity are relieved promptly by BiSoDoL.

BiSoDoL is an effective antacid alkalizer, quick-acting in cases of stomach distress due to excess gastric acid.

More and more physicians are finding BiSoDoL a valuable ally. In both powder and tablet form.

BiSoDoL

REG. U. S. PAT. OFF.

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WHITEHALL PHARMACAL COMPANY

22 East 40th Street, New York 16, N.Y.



Honor Roll



IN the midst of our relief and thanksgiving for V-E Day, nurses on the home front paused to pay tribute to the gallant nurses who serve our country in khaki or navy blue. We are proud to belong to the same profession as those who valiantly gave their lives or were wounded in the performance of duty in the European Theater of Operations. To the nurses who served in the ETO, caring for the wounded in the best tradition of nursing, we owe an everlasting debt of gratitude. Many have worked without recognition, surmounting incredible difficulties to bring care to our wounded. Now that the European war is won, they know that the battle is not over. They will continue to work in base hospitals in the United States and many will join their sister nurses in the Pacific. Nurses of the ANC, our hats are off to you for what you have done and are still doing. In humble gratitude we say, "God bless you all."

NURSES KILLED IN ACTION IN ETO

2ND LIEUT. FRANCES Y. SLANGER of 45th Field Hospital, serving with First U.S. Army. Died of wounds from enemy shellfire, Belgium, 21 October 1944.

2ND LIEUT. CATHERINE R. PRICE of 817 Medical Air Evacuation Transportation Squadron. Missing in flight over the Atlantic Ocean. 26 July 1944.

2ND LIEUT. MARY E. JACKLEY of 813th Medical Air Evacuation Transportation Squadron. Died in plane crash at Prestwick, Scotland, while evacuating wounded to Z.I. on 27 July 1944.

2ND LIEUT. VIVIANNA CRONIN of 818th Medical Air Evacuation Transportation Squadron. Died after plane crash in Scotland, on 28 August 1944.

1ST LIEUT. CHRISTINE A. GASVODA. 817th Medical Air Evacuation Transport Squadron. Killed in action in Germany, 13 April 1945.

1ST LIEUT. WILMA R. VINSANT, 806th Medical Air Evacuation Transport Squadron. Killed in action in Germany, 14 April 1945. Awarded Air Medal.

WOUNDED IN PERFORMANCE OF DUTY IN ETO

1ST LIEUTS. HELEN E. BAILEY, CLIO E. SHIRLEY, and VIOLET R. MAHAN, of 77th Evacuation Hospital, received shrapnel wounds when enemy shelled hospital, 3 October 1944.

2ND LIEUT. MARGARET M. BOWLER, 1ST LIEUT. ELIZABETH F. POWERS, of 45th Field Hospital, and 1ST LIEUT. GLADYS M. SNYDER of 3rd Auxiliary Surgical Group, received shrapnel wounds due to enemy artillery fire, 21 October 1944.

1ST LIEUT. MARGUERITE F. BISHOP, 2ND LIEUTS. MATILDA RUBENSTEIN, JEANNE July, 1945

HENDERSON, GWENDOLYN YNIESTRA, MARY A. SULLIVAN and VIRGINIA T. BYRNE of 15th General Hospital; 2ND LIEUT. NORA O'CONNELL of 108th Evacuation Hospital, 2ND LIEUT. IONA V. TODD of 298th General Hospital and 1ST LIEUT. GLADYS M. SNYDER of 3rd Auxiliary Surgical Group, received shrapnel wounds due to enemy bombing, 10 November 1944.

1ST LIEUT. ANNA B. LEWIS, 42nd Field Hospital received shrapnel wounds when building received direct hit by robot bomb, 24 November 1944.

Adjusted

Service Rating for Nurses

BY DOROTHY SUTHERLAND



WITH THE ARMY NURSE CORPS, PARIS, June 2.—By early July, redeployment of nurses in the European Theatre will have progressed sufficiently so that the majority of nurses will know their next destination, according to Lt. Col. Ida W. Danielson, director of the nursing service here.

Nurses are being adjusted for future service under the same policies governing other officer personnel, the colonel said. The only exception is in the case of married women whose husbands have been "returned from permanent overseas assignment with the armed forces to the U.S. for reassignment, hospitalization, or honorable discharge." Some married nurses in this category are already being returned to the states, having submitted as evidence a marriage certificate and certificate (or photostatic copies thereof) of their husbands' discharge or reassignment to U.S.

Two chief factors control the future of nurses now in military service in ETO: First, the essentiality of the nurse to her unit or to current military needs; and, second, her length and type of overseas service. Against these two factors the individual's choice will be considered.

"If we can possibly avoid it," Col. Danielson said, "no nurse who has al-

ready seen service in two theatres of action will be sent to a third unless she specifically requests it. Even then her physical condition will be considered before reassignment. Nurses who have a low service rating and are declared essential to current needs will be kept in the Army of Occupation in preference to reassignment to another theatre if they have already served in forward zones in two overseas theatres.

The problem of classifying the 18,000 nurses in the ETO has occupied personnel in the nursing headquarters here for the past month. The work is being directed by Capt. Ernestine G. Smith, of the University of Michigan School of Nursing, assistant to Col. Danielson, and Capt. I. M. Perry of Mt. Sinai Hospital, New York City, formerly chief nurse of the Southern Line of Communications in France.

Since early April, nurses throughout the theatre have been filling out questionnaire forms to indicate their experience overseas and previously, and their choice of future service. Essentiality to current needs and suitable assignments are being determined from the professional facts the nurses give in answering this questionnaire. To these forms are added the individual's efficiency rating, estimated by the chief nurse of the hospital, as an indicator

"ADJUSTED SERVICE RATING" FORM

Name _____ Serial No. _____
 Grade _____ Arm or Service _____

Type of Credit	Multiply		
	No.	By	Credits
1. Service credit:			
Number of months in Army since 16 Sept. '40	_____	1	_____
2. Overseas credit:			
Number of months served overseas since 16 Sept. '40	_____	1	_____
3. Combat credit:			
Number decorations and bronze service stars awarded since 16 Sept. '40	_____	5	_____
4. Parenthood credit:			
Number of children under 18 years	_____	12	_____
Total credits: _____			

(Space below is provided for statement of individual choice as to future service, and efficiency index)

to the type of job for which the nurse is qualified. All nurses have now completed new physical examinations and are graded A-B-C-D. Nurses with class "D" physicals are considered unfit for overseas service in another theatre and will be retained in the Army of Occupation or returned to the states for reassignment.



"Adjusted Service Rating" forms, identical to those filled out by enlisted men, have been filled out by nurses. Although, like all officers, nurses are not eligible for redeployment under the point system, their total number of service points is being used as a guide. An arbitrary figure of 70 points

has been set for nurses as against 85 for enlisted men and 40 for enlisted WACS. Nurses with the highest ASR's and the lowest essentiality ratings stand the best chance of returning home, if it is their preference to do so. It is estimated that some 3,500* may go to the states on this basis but, Col. Danielson said, "it is unlikely that any who are physically fit will be mustered out of the service so long as the Army's need for qualified nurses continues on its present level."

During the process of redeployment, nurses may be assigned to units slated for the Army of Occupation (Category I), or to units scheduled for other theatres, direct or through the U.S. (Category II). If they are currently with hospitals due for reconversion (Category III), they may be transferred individually to other units which are short of nurses either in number or in certain specialties such

*Nursing Division says this figure is too high, that 2,500 is more accurate, allowing for normal attrition.

as surgery or anesthesia. If their units are classified as "surplus" (Category IV) and are thus to be demobilized or become U.S. reserve units, the chances are these nurses will be returned to the states, provided their tour of duty is equal to that of the unit. There they will undergo further screening to determine future placement. Recent nurse arrivals in ETO filling vacancies in old units now being demobilized may be reassigned here to units slated by the War Department for the occupation or for another theatre.

The Office of the Chief Surgeon, Etousa, estimates that the medical strength of the Army of Occupation will include 11 station hospitals, 8 general hospitals, 1 convalescent hospital, 6 evacuation hospitals, 10 field hospitals—plus a fair number of other medical units (not containing nurses) such as clearing companies, collecting companies, laboratories, dispensaries and similar small units.



HYPOTHETICAL EXAMPLES

Lt. R.H., general duty nurse.

Lt. H. came overseas in August 1942 with a general hospital which staged in England. She is 36, a widow, and has one child 10 years old. Her hospital sent teams along with the task force which made the invasion landings in North Africa in November 1942 and Lt. H. was a member of one of these teams. She injured her back in line of duty and was returned to the states

as a patient in April 1943. Now completely recovered, she requested overseas duty again and arrived in France December 1944 with a general hospital currently set up near the German border. Her points are as follows:

1.	38 x 1	38
2.	12 x 1	12
3.	1 x 5	5
4.	1 x 12	12

Total credits: 67

(Probably will stay with Army of Occupation.)

Lt. F.W., general duty nurse.

Lt. W. joined the Army in August 1942. She is single, 40, and was assigned to an evacuation hospital which reached North Africa in December of the same year. They moved eastward across North Africa and landed in Ita'y with the combat forces in November 1943. In February 1944, Lt. W. was on duty at the Anzio beachhead and was injured when the hospital area was bombed. After 3 months' hospitalization she returned to duty and has served with her unit consistently since then in the invasion of Southern France and the battle of Germany. She wears the Purple Heart and 5 combat stars. She totals points thus:

1.	32 x 1	32
2.	28 x 1	28
3.	6 x 5	30
4.	none	—

Total credits: 90

(She would probably be classified "candidate" personnel, that is, eligible for return to the states if not essential to the functioning of her unit. As she has already volunteered for another theatre, however, she will probably be assigned to a unit destined for the Pa-

[Continued on page 60]

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Official Registries

A BONE OF CONTENTION



OFFICIAL registries set up by district nursing associations, to meet the needs of their members and supported by these members, have been thought by many nurses to be the property of the district. The necessity of postwar planning for the returned service nurse, as well as for the nurse who has been active on the home front, makes a recent development in the California State Nurses' Association of paramount interest at this time.

An article published in the March issue of the CSNA bulletin, titled "Directives Relative to Placement in the Field of Private Duty Nursing" has aroused interest in other states, and has been the focus of considerable local discussion.

These California directives are preceded by the recommendation from Dr. Paul C. Barton, Executive Officer, Procurement and Assignment Service, on February 10, to the ANA "that these (professional) registries not accept for private duty, any nurses classified as available for military service and that these nurses and those already registered who are classified as available be urged to accept military service."

These California directives originated on Feb. 21 from the Board of Directors of the CSNA. In a letter to all presidents and secretaries of district associations, the CSNA said "The Board also requests the immediate and wholehearted cooperation of all dis-

tricts in putting into effect the February 21 directives."

Prior to "Stop Recruitment" order in June, there had been considerable active opposition from various private duty nurses, and the feeling remains that some questions are not satisfactorily solved.

Much of the opposition from the private duty group came from the feeling that these directives were being used to pressure into staff duty nurses, who were ineligible for military service, whereas Dr. Barton asked for registry pressure only on those available for military service.

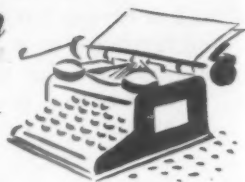
Several steps were taken by private duty nurses who opposed these directives from the state.

A list of questions was asked the Board regarding the legality of the situation, for example, "From a standpoint of legality, where does the Board of Directors of CSNA get its authority to dictate an order to Registries . . . ?" "From a standpoint of legality, can the registry refuse to place its members on private duty cases . . . ?"

The attorney for CSNA answered each of these questions, in all cases upholding the action of the Board. In a March 26 "Decision" he states, "This is in response to your inquiries concerning the relationship and obligations existing between CSNA and the District Association . . . The result of this or-

[Continued on page 66]

News of the Month



NURSE DRAFT BILL

During the last days of May, the War Department formally asked that no further action be taken on the nurse draft bill and the Surgeon General of the Army, Maj. Gen. Norman T. Kirk stated that the Army now had sufficient nurses for the present to "insure adequate care of sick and wounded soldiers." The ANC instructed its nurse recruitment committees to accept no applications until further notice.

Under-Secretary of War Patterson wrote the Senate Military Affairs Committee that the "changing war situation, the unprecedented response of nurses since the first of the year and the participation of a full complement of senior Cadet nurses had all combined to make the draft unnecessary.

Judge Patterson's letter was an evident relief to the two ranking Democrats on the committee:—Chairman Thomas, of Utah and Senator Johnson, of Colorado. Senator Johnson felt that there was never a real shortage of nurses but rather "an overdose of red tape." Mr. Thomas declared: "The most extreme emergency measure of the war has solved itself." He continued that he felt that the hearings on the draft bill gave publicity to the need for nurses and "did a tremendous amount of good to all concerned."

NOT WANTED

American RNs are virtually barred from practicing in Mexico by the terms

of a new Federal law rigidly designed to eliminate foreign influences from that country's medical and scientific professions. Thus nursing, nurse-midwifery (a popular, highly-paid nurse-specialty in Mexico), nursing education and social work have been closed to RNs.

Exceptions to the law are refugee nurses, Americans on nursing staffs of local hospitals prior to the passage of the bill, "professors of specialties still not taught in Mexico," technical directors, consultants or instructors "dedicated to the . . . organization of public or military education institutions, laboratories or institutes of essentially scientific character" and those who "display unquestionable and outstanding competence."

The foregoing clauses are expected to leave the door open to a large proportion of American nurses serving as technical advisors, teachers and organizers in the current program for training Mexican nurses to staff the increasing number of government-subsidized hospitals.

HOSPITAL SHIP FLEET

The U.S. Fleet of Hospital ships, now numbering thirty-three with beds for 20,000, will shortly be increased to a forty-ship fleet with an approximate bed-capacity of 30,500 patients. The new ships, including five already commissioned, are faster, larger, and have greatly improved accommodations.

Each of six new Navy "floating hospitals" is about twice the size of an average city hospital, luxurious in appointment, and capable of caring comfortably for 800 patients. They are fully air-conditioned, every berth has a radio receiver, and, in addition, fifty pillows have built-in radio loud-speakers for those unable to wear ear-phones.

The FRANCES Y. SLANGER, formerly the S.S. SATURNIA, Italian luxury liner, will be the fastest and largest hospital ship in the Allied service. She will have approximately 1,700 patient capacity, nearly twice as many as the largest ships now afloat, and equal to the bed capacity of three large Washington hospitals combined. She is named for the first American Army nurse killed in the E.T.O.

As soon as our European wounded are back, the fleet will be deployed to

the Pacific where they will bring wounded to West Coast ports as well as carry them from forward areas to rear base hospitals.

The Army bases its Atlantic Fleet at Charleston, S.C., and its Pacific Fleet at Los Angeles. The Navy Fleet operating in the Pacific has several ports, principally San Francisco and Los Angeles. Into these ports, almost 60,000 sick and wounded men have been transported since the war began.

AWARD

Colonel Florence A. Blanchfield, Supt. of the Army Nurse Corps, was awarded the Distinguished Service Medal by General Brehon Somervell, of the Army Service Forces on June 14.

Entering the ANC in July, 1917, Col. Blanchfield served overseas in the World War with Base Hospital No.

27. Col. Blanchfield has been assigned to the Surgeon General's office since 1935, and she has headed the Army Nurse Corps since June, 1943.

Her citation credits Col. Blanchfield with the policies which successfully expanded the Corps from a few hundred nurses to more than 52,000; with supervising the establishment of basic training schools in the nine continental Service Commands and in all overseas theaters; with being largely instrumental in obtaining full military rank for nurses; with enlisting the cooperation of ci-



General Somervell congratulates Col. Blanchfield after presentation of Distinguished Service Medal.

July, 1945

vilian nurses' organizations; with pioneering a program which brought nursing teams close to front line surgical duty which undeniably saved the lives of many wounded soldiers; and with making an extended tour of the European Theater to insure superior care of casualties.

VETERANS ADMINISTRATION

President Truman has appointed General Omar Bradley Chief of the Veterans Administration to succeed Brig. Gen. Frank T. Hines. General Bradley, who has commanded more combat troops than any other American general in World War II, has a first hand knowledge of the wounded GI and his problems.

The Veterans Administration in a move for an immediate recruitment of 2,000 nurses announced on June 14, a reclassification which would raise them from a sub-professional status with starting salaries of \$1,800 yearly to professional rank with minimum salaries of \$2,000 per annum, effective July 1, 1945.



General Bradley, newly appointed VA Chief, chats with General Patton.

Retiring Administrator of Veterans Affairs Brig. Gen. Frank T. Hines stated that the reclassification would put Veterans Administration nurses on a parity with Army, Navy and Public Health Services. In addition to increased pay, other opportunities would be offered, such as automatic rotation from isolated stations after two years of service, post-graduate courses at Government expense, and granting of leave-of-absence without pay to nurses desirous of obtaining college degrees.

A bill to establish a Bureau of Medicine and Surgery in the Veterans Administration was introduced May 25 in the House of Representatives by Representative Rankin (D.) Miss., chairman of the World War Veterans Committee.

The bill, the "general measures" of which had been approved by President Truman, was drawn in cooperation with retiring Veterans Administrator, Brig. Gen. Frank T. Hines. The new Department of Medicine and Surgery within the Veterans Administration would be made up of medical, dental, nurse, administrative corps headed by a Surgeon General to be appointed by the President on recommendation of the VA. This officer would have authority in his sphere equivalent to that of the Surgeon General of the Army. All other employees would be appointed through a special board without regard to service. The 2,576 physicians to be employed would hold military rank as specialists, but would not be under Army command, and neither would 16,120 nurses.

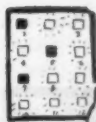
The JAMA placed itself on record in its June issue as hostile to the proposed Rankin bill because "nowhere is any consideration given to the rights

[Continued on page 52]

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They'll Do It Every Time

BY REEVA CRANOR, R.N.



PATIENTS are patients, the world over. There always seems to be a certain group who do the same old things. To get off to a good start, there's the patient who brings everything with her but the kitchen sink. She brings her own medicine with her, probably conflicting with the orders the doctor will leave. There's the patient who can't seem to get settled. She'll ask for another room, usually after you've turned down the bed, filled the water pitcher, etc. Fortunately, these days there's seldom another room available so she has to stay put. There's the patient who has just been admitted and who wants to go downtown to supper and a show. She can't understand why all her preoperative orders can't be carried out at a later time, at *her* convenience. Every nurse has heard these questions and laments, and I'm sure she was thinking of somewhat the same answers:

"When do you think the doctor will let me go home, nurse?" Madam, you arrived three hours ago. What's the rush? You wouldn't have been admitted to the hospital if the doctor hadn't thought it necessary.

"May I have a pitcher of water, too? The ice is all melted." Surely, but *why* couldn't you have asked me when I went out after water for the patient in the bed next to yours? Or do you think I get *yours* out of a special tap? Or did you think I looked too frail to car-

ry two pitchers at once? And why does ice have to be visible for water to be ice water? Bet you don't even drink ice water at home. Oh, well, the extra trip will be good for my aching corns.

"I dropped my drinking tube on the floor and I'm afraid it's broken. May I have another?" Yes, I'm afraid it is broken. The floor's pretty hard, and glass is funny—drop it and it usually breaks. But though you're in the convalescent stage, I suppose I'll have to bring you another drinking tube.

"My goodness, meal time already?" Don't bother to act surprised. I *always* have to clear your bedside stand before



I can serve your tray. There simply isn't enough room for a radio, a couple of vases of flowers, various containers of cosmetics, piles of magazines and a lunch tray.

"Could I have coffee instead of tea?" Certainly, but if I'd brought you coffee, you'd want tea.

"Nurse, I don't think I was supposed to get this tray with meat and potatoes. I've only been getting liquids." No, you weren't, but you *would* eat it before you tell me about it. Now you won't be able [Continued on page 72]

Assignment to Alameda

BY LIEUT. (jg) ELIZABETH KIEFER, (N.C.) U.S.N.



REMEMBER those far-away Christmas mases when you wanted something so big, so important, so rare that everyone assured you it was unobtainable? And, suddenly, there it was in front of the Christmas tree! You just stood there for a moment, gaping, not quite believing your good fortune. That's exactly the way I felt when I received my assignment to Alameda, the Naval Air Station. Of course I had applied for flight training, but so had about seventy-five percent of the Navy Nurse Corps! The scuttlebutt was that only one hundred girls in all would be chosen, so the odds were high against me.

I can remember standing in my quarters, stunned by the good news. My fingers plucked at some loose

change in my pocket and a voice, unrecognizable as my own, said, "Who can I call up to tell?"

"Everybody!" the girls said.

My orders read, "to be detached 26 December, 1944." Four days to pack, make last minute Christmas preparations, and bid my friends goodbye. One of the hard parts of Navy life is separation from tried and good companions. On the other hand, reunions in some remote corner of the globe are not unusual. That is one of the many ways in which the Navy pays dividends. So true Navy people never say goodbye, but *au revoir, aloha, until we meet again*. No Old Salt would ever leave a station owing someone money because he knows that he and that someone will surely meet again.



Christmas came and took on a new poignancy. I knew that the training I would undergo at Alameda was preliminary to flight evacuation of combat casualties in the Pacific, and wondered how many months would pass before I would again be with those I loved the best.

Then it was the twenty-sixth, day of detachment. Oh, if that day could be stretched to thirty-six hours and give me time for all the last minute odds and ends. All too soon it was 5:30, 1730 Navy time, and my train was pulling out of Grand Central, past blocks of New York City's cold-water flats to pause for a moment at 125th Street and then grind on westward. I clutched the memory of that departure close to me and knew I would never forget the group of friends from my home town who waved me off, nor their proffered orchid I had had to refuse. A corsage is not worn with the Navy Nurse Corps uniform, but the spiritual orchid, their abundant good wishes, far exceeded any material gift.

I stored up other memories on the trip, little things, perhaps, but ones that will become warm symbols of home when I am far away. There are the marines, three gay musketeers, who made the first evening pleasant, and the kindness of railroad employees in Chicago who found a lower berth for me when my reservations were mixed up. A four-hour layover in Denver on New Year's Day made me proud of America's U.S.O. At the Canteen

in Union Station there were showers to wash off the grime of travel, delicious turkey sandwiches, home-made cake, coffee and ice cream, not to mention candy and popcorn balls. A well-stocked library was graced by the sign, "Take any book you desire along with you." The pièce de resistance, however, was a mammoth Christmas tree, all of eighteen feet high and brilliantly trimmed.

On January fourth I reported to Alameda with the usual flurry that accompanies signing in at a new Naval Station. A nurse first reports to the O.D. (Officer of the Day), then to the Disbursement Officer, the most popular man in the Navy. He holds the purse strings! One's health record is turned in at the Dispensary and, of course, one meets the Chief Flight Nurse, Mary Ellen O'Connor.

Twenty-four nurses and corpsmen from all parts of the United States comprised our class. I was assigned to a room in B.O.Q. (Bachelor Officers' Quarters) with Helen from Rochester and Kay from Syracuse. At this great distance from home we three New Yorkers felt like close neighbors. We knew, too, that time and experience

A group of Navy nurses and pharmacist's mates attending the school for air evacuation. Each nurse gets yellow fever and typhoid inoculations before being assigned to overseas duty.



would cement our new friendship.

Classes started with an important review of First Aid and continued with lectures, demonstrations and moving pictures covering arrival in the jungle, on the desert, and at sea in an open life raft. We learned how to make safe, fairly palatable drinking water from salt sea water, about high altitude flying and its effects on various ailments and injuries, when to administer blood plasma and serum-albumin, and new facts about tropical diseases.

Nurses learn how to blow up their "Mae Wests" and are given group instruction in ditching a plane after forced landing at sea. They must be good swimmers and know how to inflate a rubber boat in the water and get patients aboard.

Flight nurses draw their equipment, including fleece-lined flying suits, before entering high altitude chamber for test of simulated flying conditions. They also learn how to adjust and breathe through an oxygen mask.

One morning a very solemn flight surgeon spoke to us about ditching a plane loaded with wounded. He told us we must consider the possibility of having to make a forced water landing in a land plane with a full complement of patients. A loaded plane with full gas tanks will sink in from thirty seconds to three minutes, he said! Our hearts were in our throats by the time he had explained the best procedures of evacuating patients in this brief time. I wondered how many of us con-



sidered resigning on the spot as he continued in a sepulchral voice.

"We don't want our nurses to drown," he said. "We don't want our corpsmen to drown."

At this point everyone envisioned a wreath tossed from a Navy plane, floating on the water—a fitting memorial for the gallant crew of plane number XXX!

Suddenly our lecturer's face brightened, his voice, now cheerful, helped dispel our fears.

"In all the history of Naval Aviation there is not one case record of this particular type plane having to make such a forced landing."

Accelerated pulses quieted, tension relaxed, and we breathed normally again.

A great deal of vital information was compressed into those two weeks of training. On another day we were taken to an altitude of 30,000 feet in the pressure chamber and dropped back to sea. [Continued on page 40]





The flight nurse checks her medical equipment before the patients are loaded aboard the plane. She is given a list of all patients and is responsible for their care and comfort in transit.



Final orders are handed up to a flight nurse before the plane takes off, while inside another plane in flight, an interested patient watches a buddy receiving nourishment from the flight nurse assigned to care for him.

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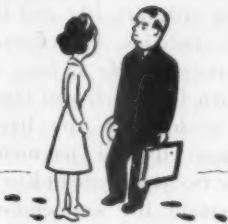
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Your Life Insurance

BY BION H. FRANCIS



AS soon as the door closed behind the insurance agent, you had your first doubts. The receipt in your hand is for more than a hundred dollars. Can you pay a premium of that size each year? Were you wise in applying for the policy? Yet it had so many advantages when the agent was explaining it!

Your first question perhaps is this: "That agent had so many different types of policies; what is the best for me to buy?"

The one that probably appealed most to you was the twenty-year endowment policy. If you buy a thousand dollar policy of this type, and then die during the twenty years the policy is in force, one thousand dollars will be paid to your beneficiaries. Even better, if you live to the end of the twenty years, the face amount of a thousand dollars will be paid to you. As the agent says, "With this policy, you don't have to die to win. Why not save for yourself instead of someone else?"

"I'm for that," you think. However, although an endowment policy has the greatest emotional appeal, there are two things that you should consider before you accept such a policy. First, it is expensive. In most companies, the premium is about fifty dollars a year for each thousand dollars of insurance. At the present time, your income may appear secure, but before committing yourself to a large premium, it is well

to remember that a nurse's earnings may be uncertain in bad times.

Also, if you marry, will you be able to keep the policy? Will your husband be able to pay the premiums? Look at the policy for a moment from his viewpoint. Often, while I was studying a man's life insurance, he has told me, "And when we were married, my wife had some kind of an endowment policy with a big premium. We couldn't afford it, and had to drop the policy."

These considerations—the uncertainties of a nurse's earnings, and the advisability of obtaining a policy that you can carry after marriage—suggest that you should buy life insurance with as small a premium as possible.

Now the kind of life insurance with the smallest possible premium is term insurance. The premiums charged for term insurance are only large enough to pay death benefits and the overhead expenses of the insurance company. After meeting these expenses, none of the term premium remains to be accumulated in the form of cash value. This type of insurance is usually not to be recommended to nurses because 1.) The cost becomes very high at older ages; 2.) It is advisable for a nurse to save something in the form of the cash value of her life insurance; 3.) Insurance companies do not like to issue this type of insurance to women and they impose rigorous medical requirements.

[Turn the page]

If endowment policies and term policies are not recommended, the choice lies between ordinary life and limited payment life policies. An ordinary life policy insures your life as long as you live, in return for which you must pay premiums as long as you live. The most common limited payment life policy is the twenty-payment life (Both limited payment life and endowment policies may be obtained with the premiums payable for periods other than twenty years) which insures your life as long as you live, in return for which you pay somewhat larger premiums for twenty years. As was discussed previously, it is advisable for you to obtain insurance with as small a premium as possible, and the ordinary life policy, because of its lower premium, is therefore recommended as the best all-round policy for you.

"But," you protest, "I don't want to pay premiums all my life. I would rather have a policy on which I paid

premiums for only twenty or thirty years." To meet this objection, there is a way in which you can buy an ordinary life policy and yet not have to pay insurance premiums all your life. This is to buy an ordinary life policy from a company which pays dividends, and ask the company to accumulate these dividends at interest. This procedure has many advantages:

1. It is a relatively painless method of saving. As long as you pay premiums, the dividends are accumulated without further effort on your part.

2. The interest rate is favorable. At least two percent is usually guaranteed on dividends on policies issued now. If you have an older policy, it may guarantee at least three or three and a half percent on the dividends.

3. This method of saving is quite flexible. You can start or stop any time you want. If your earnings are low for any reason, you can use the dividends to reduce premiums for a year

Probie



"Dr. Dietz' handwriting is worse than V-mail."

or two or even longer if necessary. Or, if you need the dividends which have already been saved, you can draw on them without the need for policy loans or any other step that might endanger the policy.

4. If you leave dividends with the company for twenty to thirty years, the accumulated dividends are usually enough by the end of that time to make the policy paid-up. In this way, you can ultimately have a paid-up policy and, at the same time, the greater safety that would come from the lower premiums required for ordinary life insurance.

One last word about your policy: Do *not* obtain the type of insurance which requires you to pay a premium each week to an agent who comes around to collect it. This insurance is needlessly expensive for you. It will pay you to obtain at least a thousand dollar policy with premiums payable yearly, or, if more convenient, quarterly or semi-annually.

After you decide on the type of insurance, your next question will probably be: "How much insurance should I get?" Probably the best rule to follow in answering this question is: Never get more than you need. How much do you need?

Your first requirement is for life insurance to cover the expenses that will be incurred at the time of your death. For this, you will probably want a thousand dollar policy, or perhaps more. Simply estimate what will be needed to meet necessary expenses, pay off bills, taxes, etc. Then obtain a policy for that amount. It should be payable in cash at the time of your death.

If you have dependents, you may wish to provide more insurance. Suppose, for example, that you are con-

tributing \$30 a month toward the support of your parents. Enough insurance to guarantee this for life may cost more than you can afford, in which event you may decide that you would like this income to continue for at least five or six years after your death. This could be accomplished by carrying \$2,000 of insurance.

If you wish an income to dependents after your death, it is well to remem-



ber that ordinary life insurance usually provides that the proceeds, instead of being paid as a single sum, may be paid as an income for a limited period or for the lifetime of the beneficiary. Your agent will be glad to estimate the insurance that will be required to pay whatever income you want your beneficiaries to have, and will arrange to have the proceeds paid in this way.

Protection for children can be arranged in such a way that the insurance will pay a temporary income that will continue while they are growing. Or, you may have promised to help out with the education of a niece or nephew to the extent of one or two thousand dollars, and you want to have life insurance that will carry out this promise in the event that you die before you are able to do so. This could be done by obtaining the desired amount of insurance, and by providing that, at your death, the proceeds will be retained by the company with the interest payable to the parents until the child attains college age, at which time the principal could be drawn upon.

[Continued on page 80]

Laboratory Tests

GASTRIC CONTENTS



THESE studies are of value in many conditions. Both quantity and composition of the gastric juice is markedly varied due to ingestion of different types of foods. High protein foods, such as meat, may cause a rise in acidity and remain in the stomach from three to four hours. Foods low in protein (vegetables and fruits) give low acidities and leave the stomach in from an hour and a half to two hours. Fats usually inhibit secretion and motility.

Disease conditions will also alter the character and amount of gastric juice. Emotional reactions, stomach disorders, changes in the duodenum, pathological conditions of the liver, gall bladder or pancreas, may result in hyper- or hypo-secretion. Primary anemias are associated with suppression of free hydrochloric acid. Yet, all changes in the gastric juice are not indicative of disease for some individuals, especially older persons, may have a normal hypochlorhydria (decrease of HCl).

For some years, feeding of the classical test meal was the method used to stimulate gastric secretion. The Ewald breakfast consisting of forty grams of bread and 400 cc. of water or weak tea was given an hour before tests of stomach material. Many physicians objected to this method and the modern trend is toward a measure of basal gastric secretion obtained without artificial stimulus or examination of gastric juice after stimulation with histamine.

In the first method the patient is prepared as for basal metabolism; no water or food for twelve hours and complete rest. A gastro-duodenal tube is passed to the stomach and the patient is urged to refrain from swallowing any saliva. Contents of the stomach are then aspirated at regular intervals and tested. Histamine stimulation follows a preparatory period similar to the above. The drug is then injected and promotes gastric secretion and stimulates a flow of juice of the highest acidity that the stomach is capable of producing. A tube which has been passed into the stomach makes it possible to test the contents at stated intervals.

The normal volume of gastric contents ranges from 20-50 cc. and should be colorless, but if contaminated by bile there is a green color and other substances such as blood and drugs will also affect the color. The contents should be clear although particles of mucus or undigested food may be present. They are usually odorless unless certain drugs are present, and in some disease states there may be sourness or rancidity. Normally there is no sediment but in pathological conditions, food remnants, blood clots, pieces of mucus and tumor particles may appear. The normal reaction of gastric contents is acid in both health or disease. In some cases of gastric cancer or marked chronic atrophic gastritis the contents are neutral. Small amounts of mucus are normally present, but

large amounts point to chronic gastritis. Large amounts of bile may indicate obstruction of the duodenum.

Achlorhydria (absence of HCl) is a disease entity. It may be due to bile and duodenal regurgitation which neutralize the acid stomach output. There is seldom free HCl in pernicious anemia. In diabetes mellitus, where there is lack of appetite, there may be either absence, or a considerable decrease of HCl. In chronic gastritis there are varying amounts of the acid and the same is true of carcinoma of the stomach. Achlorhydria may be found in pellagra, syphilis, amebic dysentery, hypothyroidism, rheumatoid arthritis and pulmonary tuberculosis.

Hyperacidity is a common finding in neuroses and constipation. It is also present in those who smoke excessively and after eating sour foods or large amounts of carbohydrates.

A microscopic examination of the gastric contents is of special value in some cases. Starch particles, epithelial cells, yeast cells or bacteria may be present, together with remnants of previous meals. Presence of fresh red blood cells suggests some irritation of



the stomach mucosa by the tube. Pus cells may be present in the majority of cases of carcinoma of the stomach. Some reports have been made of the presence of crystalline elements in patients with cholelithiasis.

Gastric tests are important to determine emptying time of the stomach which normally is within seven hours of a light meal. An increase may in-

dicate pyloric obstruction or a malignant condition.

SPUTUM TESTS. These tests should be made on specimens from the bronchi, rather than of saliva or nasal secretions. Both macroscopic and microscopic methods are used.

Total volume and color may vary. In cases of pulmonary carcinoma, bronchiectasis and pulmonary abscess, the color may be green. Blood may give a bright color if recent, or brownish if blood has been retained in the lung. Bright red streaks in the sputum may suggest pulmonary tuberculosis. A dark brown color may appear in pulmonary gangrene or chronic passive congestion due to disease of the heart. A rusty sputum is typical of pneumonia. Vomited blood that has been swallowed is usually black and acid.

Sputum is odorless normally but is putrid in pulmonary gangrene and has a foul odor in bronchitis. Mucus is present to some extent but in chronic tuberculosis there are thick masses that sink in water. Dittrich's plugs, found in septic bronchitis and gangrene of the lungs, are granular debris, globules of fat, fatty acid crystals and bacteria which have a foul odor when crushed.

Elastic fibers may be dislodged in acute destruction of the lung parenchyma. Curschmann's spirals of mucus are found usually in true bronchial asthma. The presence of blood is important in tuberculosis but is also a frequent finding in bronchiectasis, lung abscess, cancer, silicosis and heart disease. Tuberculosis bacteria are stained and counted. In severe bronchitis the sputum may be bloodstreaked and another constituent of sputum may be parasitic lung flukes.

(Third in a series of articles on laboratory tests. Bibliography will follow conclusion of series.)

In Review



THE DIETARY OF HEALTH AND DISEASE

By Gertrude I. Thomas. Fourth Edition. Lea and Febiger, Philadelphia. Pa. 1945. \$3.50.

- Recent changes in this field are reflected in the new edition. New standards are included and many practical applications of diet to particular conditions are a part of the text. Well divided for use as a reference manual.

CONTROL OF PAIN IN CHILDBIRTH

Anesthesia, Analgesia, Amnesia. By Clifford B. Lull, M.D., F.A.C.S., and Robert A. Hingson, M.D. Second Edition. J. B. Lippincott Co., Philadelphia, Pa. 1945. \$7.50.

- A compilation of all methods used for the relief of pain in childbirth. Written by two of the outstanding men in this field the volume is filled with illustrations and charts. The second edition was finished shortly after the first.

indicating the progress that has been made in the field. This book contains a wealth of information and an exhaustive and critical review of the subject.

THEY WALK IN DARKNESS

By Ellen C. Philtine. Liveright Publishing Corporation, New York, N.Y. 1945. \$2.50.

- A novel that tells the story of a State Insane Asylum and the life of Dr. Peter Carlson and his young wife. Especially interesting in the light of today's increased number of returning war veterans, many with shattered nerves and a need for readjustment. A daring theme, transformed into a human story of the lives of two people and what they faced in this institution.

PLASTER OF PARIS TECHNIC

By Edwin O. Geckeler, M.D. The Williams & Wilkins Company, Baltimore, Md. 1944. \$3.00.

- Profuse illustrations and excellent text give methods of applying plaster of Paris in surgery. This is a unique book, for both graduates and undergraduates.

HEALTH CARE FOR AMERICANS

By C. E. A. Winslow. Public Affairs Pamphlets, No. 104. 1945. 10c.

- The author of this booklet is Professor of Public Health at Yale Medical School. He sounds the keynote of the

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VITAMINET'S 'ROCHE'

July, 1945

pamphlet when he says, "The time is ripe for action. It is evident that we need a national program, and that the time for such a program cannot be long delayed"

THE STORY OF THE BLUE CROSS

By Louis H. Pink. Public Affairs Committee, Inc. 30 Rockefeller Plaza, New York 20, N.Y. 1945. 10c.

- Informative pamphlet about a subject that is closely linked with social security.

PSYCHOLOGY FOR NURSES

By Maude B. Muse, R.N., A.M. Fifth Edition. W. B. Saunders Company, Phila., Pa. 1945. \$2.50.

- The new edition emphasizes recent thinking on such subjects as human growth potentials, laws of learning, personality development, disorders of

memory, motives in the sickroom, etc. Extensive bibliographies and summaries feature each chapter and illustrations make the text most convenient for student use.

MANUAL OF CLINICAL MYCOLOGY

Prepared Under the Auspices of the Division of Medical Sciences of the National Research Council. By Norman F. Conant, Ph.D., Donald Stover Martin, M.D., David Tillerson Smith, M.D., Roger Denio Baker, M.D., Jasper Lamar Callaway, M.D. W. B. Saunders Co., Phila. Pa. 1945. \$3.50.

- Fungus infections are of such common occurrence that it has been found necessary to consider mycotic disease in the differential diagnosis of practically every obscure infection. Therefore, this well-illustrated text will be of special interest to nurses who want

COOLING COMFORT FOR SHEET BURNS

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"Gosh, Nurse, us babies hope you're spreadin' the news—about the *improved*, better baby powder! It's workin' wonders in helpin' to prevent prickly heat, diaper rash, chafing, urine irritation and many other skin troubles. That's Mennen Antiseptic Baby Powder—it's *antiseptic*, mild and soothin'."

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*Nationwide survey



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By Madeline Oxford Holland, D.S.C.
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sional Printing Company, 15 E. 22nd
St., N.Y. 1945.

- Two new handy pocket reference books, 50 cents each or combined in Pocket Guide \$1.00.

YOUR SERVICE RIGHTS AND BENEFITS

A Handbook for Servicemen and Women and Their Families. Bristol-Myers Company, 630 Fifth Avenue, New York 20, N.Y. 1945. Free on request.

- Written to clarify the many laws and regulations having to do with service-men and women. It is a digest that really answers a hundred and one questions.

THE VOLUNTARY HOSPITAL LOOKS AHEAD

Report of Proceedings of the Third Annual Wartime Symposium. 1945. Free on request from United Hospital Fund of New York, 370 Lexington Avenue, New York 17, N.Y.

- A collection of papers related to various phases of hospitalization.

THE CONTROL OF COM- MUNICABLE DISEASES

By a Subcommittee on Communicable Disease Control of the Committee on Research and Standards, American Public Health Association, 1790 Broadway, New York 19, N.Y. 6th Edition. 35c. 1945.

- Of the seventy-two chapters in the present edition, twenty are new. All common communicable diseases are included, as well as those less frequently encountered, like the so-called "tropical" diseases. (Special rates are given for large orders.)

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*Indust. Med. 12:201-202 (1943)

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July, 1945

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News of the Month

[Continued from page 34]

of the men involved." They point out that the bill exempts members of the Bureau from selection or draft for service in the armed forces but that any of its personnel needs may be filled by assignment of selected or drafted persons. Thus, states the Journal, instead of trying to attract more and better physicians to the VA, this measure proposes—at least during war—to force physicians who enlisted voluntarily with the armed forces, into assignments with the VA.

WAGNER BILL

Senator Robert F. Wagner, N.Y., in an obvious attempt to meet criticism levelled by the medical profession against his previous bill, launched new social security legislation on May 24, with the emphatic assertion that this vast program of medical care and hospitalization insurance is *not* socialized medicine.

The purpose of the Wagner bill is to provide prepaid medical care on a national health insurance basis. It provides grants and loans to states over a ten-year-period for the construction of health facilities of which the Federal Government would pay at least 25%

of the cost and up to 50%, according to the state's per capita income. It also provides for grants to states for Public Health Services, the Government to pay at least 25% and up to 75%, and for grants to states for Maternal and Child Health and Welfare Services and for a Public Assistance program. It covers, as well, a National Social Insurance System consisting of Health, Unemployment and Temporary Disability, Retirement, Survivors', and Extended Disability Insurances.

Under the health provision, the patient is to have free choice of medical services providing the physician chosen is a member of the Physicians' Panel. It is up to each doctor whether or not he belongs to this panel.

The Surgeon General of the USPHS would administer the technical and professional aspects of the program. The amount available to him for demonstration training of personnel, and administrative expenses is increased from three to five million dollars. He is directed to establish a National Advisory Council, members to be appointed from names submitted "by professional and other organizations connected with medical services, education, hospitals, etc." While not specifically mentioned, it is assumed that



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July, 1945

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nursing organizations are included.

The Surgeon General and Social Security Board are directed to make studies of and to report to Congress on nursing, dental, and other services not provided under the insurance system and on services and facilities needed for the care of the chronic sick and those with mental diseases.

WEST COAST NEWS

With approximately 12,500 members, the California State Nurses Association has launched upon a three-fold post-war program: 1. Establishment of a placement and counselling service with this aim: "A job for every nurse." 2. Research and practical utilization of new fields of employment for RNs. 3. Cooperation in the economic security program with emphasis on betterment of personnel conditions; CSNA has established minimum salaries and personnel practices for staff and industrial nurses as endorsed by the War Labor Board, and will establish them for other nurses.

The Board of Directors of the CSNA has recently appointed three new mem-

bers to their field service staff: Miss Vera S. Johnson, industrial and public health; Miss Florence L. Bouton, placement and counsel; and Miss Marian Lass, private and staff duty.

HOSPITAL REORGANIZATION

Six Philadelphia hospitals adopted a six-point program to conserve nursing power. As listed they are: Special nursing for any patient limited to forty-eight hours (unless the physician requests continuation); Employment of nurses graduated during the past two years for private or general duty is discouraged (unless ineligible for military service or awaiting State Board Examination returns); Encouragement of group nursing; Releasing Senior Cadets up to fifty percent of the total class for service in military hospitals; Greater use of graduate nurses on part-time; Greater use of auxiliary workers, both paid and volunteer.

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July, 1945

health groups as well as consistent agitation on the part of physicians concerning the risks from indiscriminate use of sulfa preparations by the laity, New York City's Board of Health recently amended its Sanitary Code to prohibit the sale of all sulfa-containing products without a prescription. The ban becomes effective Oct. 1 . . . A nation-wide \$1,267,000 free-training program to recruit 1,000 persons as physical therapists has been opened by the National Foundation for Infantile Paralysis. The Foundation's requirements specify that applicants must be graduates of approved nursing or physical education schools and have two years of college training in biology and other basic sciences . . . One out of every five American war casualties returning to this country in 1944 came by plane. War casualties are being

moved by air evacuation at the rate of more than 2,000 per day . . . More than 100,000 sick and wounded are now participating in the Army's vast new reconditioning program created July, 1943. The Reconditioning Division has now reached the point where 12,000 officers and enlisted patients are returned to active duty every week.

PROMOTIONS AND AWARDS

Over twenty percent of the Army nurses in the ETO received promotions since December. A total of 3,732 promotions have been made during this period. Most were from second to first lieutenants under authorization of the new directive giving promotions on the basis of merit and length of service. However, a number of the advances were in higher grades. Two nurses were advanced to the rank of lieutenant

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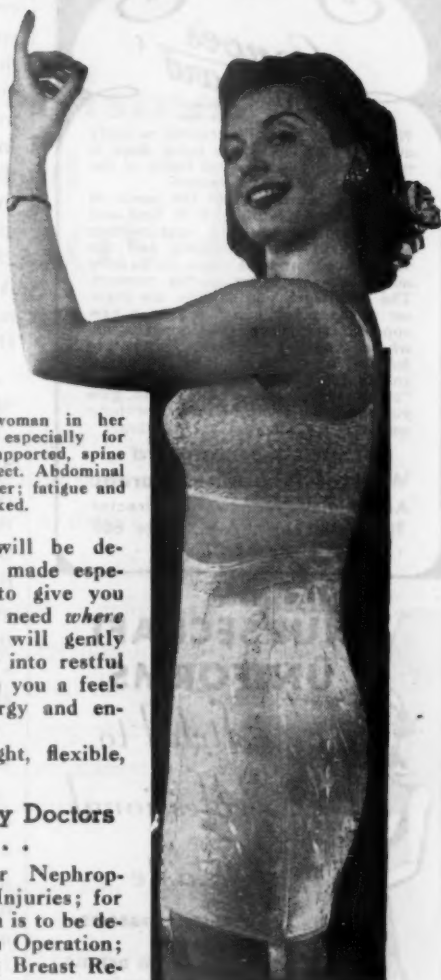
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colonel. They are Agnes A. Resch, director of nurses at a large hospital center in England and Harriet M. Dickson, chief nurse of a 1500-bed general hospital. In the same period from December 1 to April 1, nurses were awarded 120 Bronze Stars and 141 Air Medals. Total awards in the ANC to this period were 1 Distinguished Flying Cross, 5 Soldier's Medals, 11 Legion of Merit Medals, 5 Silver Stars, 28 Bronze Stars, 31 Purple Hearts, 137 Air Medals and 36 citations or commendations. Many units have received Distinguished Unit citations.

MEDAL FOR CAPTAIN

Captain Susan Freeman, ANC, of Stratford, Conn., has been chosen to receive the Mary Mahoney Medal of the National Association of Colored Graduate Nurses. Captain Freeman is the first Negro nurse to command Negro Army nurses in an overseas theater. She has completed her overseas assignment and is on leave from her post at Camp Livingstone, La.

CADET NURSES

According to the USPHS Division of Nurse Education, to date, more than 3,000 Senior Cadets from every state in the Union are now serving in Army hospitals, and another 1,178 have been assigned to the Army. They receive full maintenance and \$60 monthly, wear their own hospital uniforms, and have officer status and privileges. After six months' service, they are returned to their hospitals for graduation. A spot check two months ago of 63 schools of nursing showed that, of 5,069 Cadet nurses polled, 85% signified their intention of applying for military service according to the Cadet Nurse Corps News.

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The dose for adults is 1 to 2 tablets. Proportionately large doses are well tolerated by children.



As a precaution use only as directed.

Service Rating

[Continued from page 30]

cific. Chances are she will have leave in the states and be attached to a new unit activating there.)

Lt. H.O., surgical nurse.

Lt. O. joined the Army in August 1941 and arrived in England with a general hospital in January 1942. Her unit set up in France in Sept. 1944. Her rating is as follows:

1.	44 x 1	44
2.	40 x 1	40
3.	none	—
4.	none	—

Total credits: 84

(This hospital is probably scheduled for the states and Lt. O.'s high rating would indicate her probable return also. Her long tour of duty overseas, despite the fact that she has seen no combat, would make it unlikely that she would be sent to another theatre unless she requested it or shortage of surgical nurses made it compulsory.)

Lt. M.S., assistant chief nurse.

Lt. S. joined the Army in April 1942 and went to the Southwest Pacific with a mobile station hospital in May. She saw service there for 17 months, returned to the states on emergency furlough and was assigned to a general hospital there. She was reassigned to a newly activated evacuation hospital and came to the ETO with it in December 1944. Her ASR points:

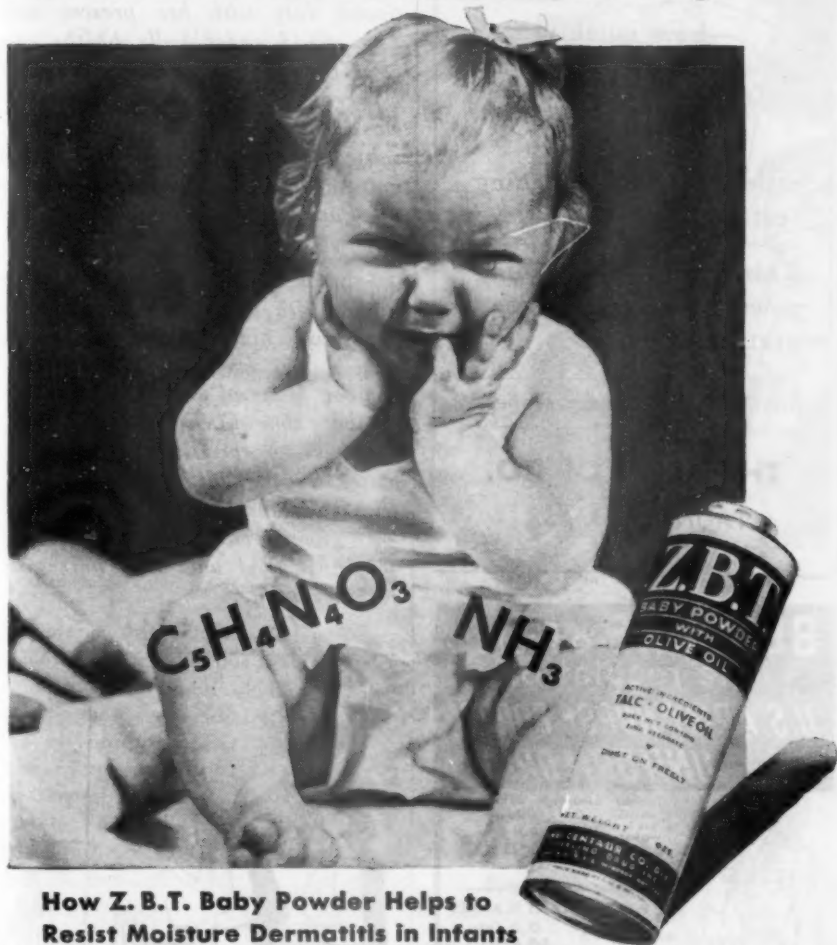
1.	37 x 1	37
2.	22 x 1	22
3.	1 x 5	5
4.	none	—

Total credits: 64

(As assistant chief nurse of a unit

R.N.

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which has just moved into Germany, she will probably be considered "essential" personnel subject to continued duty with her present unit. This would undoubtedly be the case even if her ASR were higher in points. If her physical profile fell into "D" classification, however, she might be subject to reassignment should her unit be slated to leave this theatre for the Pacific.)

[EDITOR'S NOTE: General hospital nurses with long service in England may have a higher ASR than evac and field nurses even without credit for combat. Many of us who have lived in combat zones believe these nurses should have priority on return to states. But no additional consideration will be made beyond the 5 points for each campaign. W. D. believes this is fairest method and most nurses are resigned to it.]



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R.N.

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Oil Resistant Gauztex will not come off in oil, gasoline, naphtha or water. It is white, soft, pliable, dry, porous, cohesive and guaranteed to remain cohesive. Gauztex is widely used by the profession in private practice and in industrial practice where hundreds of thousands of rolls are used annually.

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To Alameda

[Continued from page 40]

level at the dizzying rate of 4,000 feet a minute. No plane could ever drop that fast! We experienced acute pain in our ears and learned how to clear them, thus protecting ourselves from the possibility of ruptured ear drums.

On our off-duty hours we explored beautiful and cosmopolitan San Francisco from Fisherman's Wharf to the Top of the Mark. We lingered over our shopping with the realization that these might be the last fashion displays we would see for many months to come. Each girl stocked up on her favorite luxuries, cosmetics, perfumes, lingerie and permanent wave kits. We all bought lovely but practical play clothes, California's specialty, knowing that we would find ample use for them in the tropics.

And now we are ready. We are proud to be among the first few Navy nurses trained for this critical assignment and pray fervently that we shall fulfill our responsibilities creditably. I'm sure that all of us are a little frightened, knowing clearly the dangers that lie ahead. In spite of our brave play clothes, our frivolous cosmetics, we know our lot will not be an easy one. If we are lucky, home will be a Quonset hut and our working hours long and hard. Privacy, every woman's birthright, will not be ours for a long time. Our skins will turn yellow with atabrine and often we won't care whether we wear lipstick or daub our ears with perfume. Insects will eat our few dainty undergarments and a tropical sun will dry our self-permanented hair. In full awareness of hardships that await us, we still consider ourselves the most fortunate young women in the Navy as we set out on our new assignment.

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Name R.N.

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Official Registries

[Continued from page 31]

ganization structure is that District Associations, if they desire to continue as such, must conform to policies established by CSNA."

After this threat that district memberships would be dropped by CSNA if districts did not vote for the directives, the objecting private-duty nurses wrote to the American Nurses' Association, asking whether they would lose their membership in the ANA if their California State Association dropped them. They also inquired what other states were doing in regard to nurses classified 1 and 2.

The answer to the first question was that "membership in the ANA is secured through membership in a state nurses' association, and at the present

time there is no provision whereby any nurse may secure membership in the ANA by applying directly to this national association."

To the second question, they were referred to the nursing section of the War Manpower Commission in Washington, D.C.

The Nursing Section of WMC replied, "We do not know the action taken in all of the forty-seven states . . . many State Committees have made definite recommendations to Registries. In fact most places where there are official Registrars they are members of Procurement and Assignment Service Committees."

Individual private duty nurses in California, if barred from professional registries, face the choice of enlistment or essential nursing as outlined by the CSNA Board if ineligible for mili-

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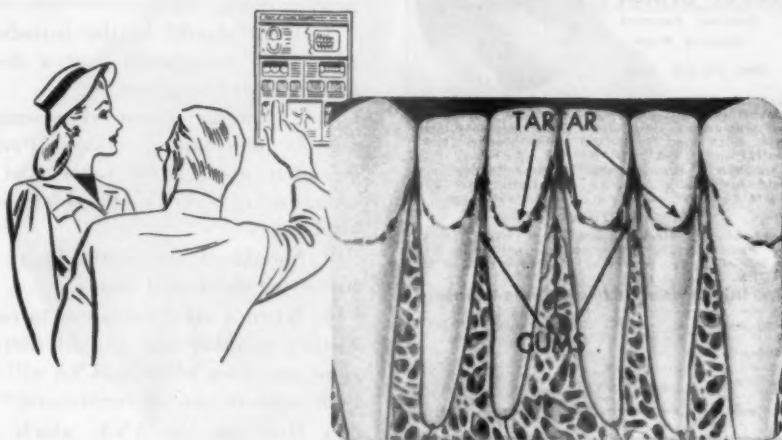
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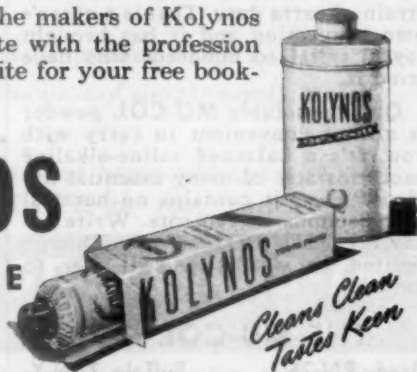


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Genuine "Sleep Shades" are medically approved. Scientifically designed, they shut out light without pressure on optic nerves. They help rest tired eyes, relax edgy nerves and assure sounder, more restful sleep. DAY OR NIGHT. Less than 1/2 oz. in weight. "Sleep Shades" are held comfortable in place by elastic over and under each ear connected by adjustable tape.

SPECIAL TO NURSES

Send \$1 for Black Satteen Sleep Shade or \$2 for Pastel Beauty Shade and we will send free a set of noise banishing SLEEPWELL EAR STOPS.

Use this Coupon. Check Items Wanted.

Send me Black Satteen "Sleep Shades"
..... Pastel Beauty Shades
Enclosed is \$
Name
Address
City State
Include my ear stops. Full refund if not
satisfied

SLEEP SHADE COMPANY

85 POST ST., SAN FRANCISCO 4, CALIF.

Mu-col

"Very Helpful and Always Convenient"

Try a MU-COL foot-bath tonight if your feet ache or burn from the strain of extra duty. That is a nurse's own suggestion and it has brought joyful relief to hundreds who have tried it.

Quickly soluble MU-COL powder is always convenient to carry with you. It's a balanced saline-alkaline bacteriostatic of many essential hygienic uses; it contains no harmful or poisonous ingredients. Write today for a MU-COL sample. Though limited by war it is still *free* to nurses.

THE MU-COL CO.

Dept. RN-75

Buffalo 3, N.Y.

tary service. Other alternatives are to register with a commercial agency or seek non-nursing employment.

In the minds of many private duty nurses, these questions are open for further discussion:

1. What should be the jurisdiction of a state association over a district and its district registry?

2. Can we get a more representative vote on important questions? Perhaps one percent to three percent of our membership makes up the total vote on vital issues.

3. Should advance notice be assured for voting on crucial issues?

4. When a state threatens to cancel district membership, should there be some provision whereby ANA will hear both sides in case of controversy?

5. How can the ANA, which says, "Facts are essential to any effective effort to extend or develop nursing services or to combat undesirable practices in the fields of nursing," give best informational service to all its members?

California private duty nurses say, "We do private duty nursing because we believe in it as an essential service for the critically ill patient, and because it is the form of nursing service which best fits our physical strength and our home ties."

Nurses, in common with other Americans, have always looked forward to a free choice with respect to the type of work they wish to perform. Official registries have been set up by many district associations to meet the needs not only of their members but of the community in securing qualified nurses to provide the best possible care for all types of patients. While the action taken in California was in the nature of an emergency, it opens a vital question of national policy for nursing organizations in the post war world.

TO HELP RELIEVE THE PAIN OF RHEUMATIC AFFECTIONS



RECOMMEND "BETWEEN-VISIT" MASSAGE WITH **MINIT-RUB**

Massaged on the affected areas, MINIT-RUB increases the local blood and lymphatic supply . . . permits more normal mobility by bringing soothing relief to aching joints.

Counterirritant, analgesic, decongestant, MINIT-RUB is also useful in alleviating the pain of simple myalgias.

*Recommend home-massage with
MINIT-RUB to your patients.*



THE MODERN RUB-IN

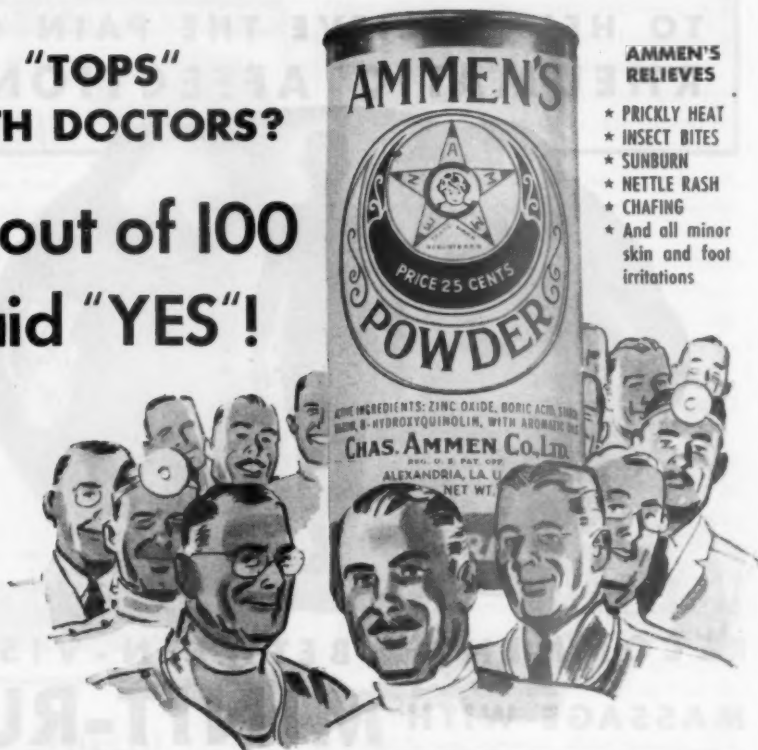
STAINLESS • GREASELESS • VANISHING

A Product of **BRISTOL-MYERS COMPANY**
19RN West 50th Street, New York 20, N. Y.

July, 1945

"TOPS" WITH DOCTORS?

97 out of 100
said "YES"!



AMMEN'S RELIEVES

- * PRICKLY HEAT
- * INSECT BITES
- * SUNBURN
- * NETTLE RASH
- * CHAFING
- * And all minor skin and foot irritations

One hundred doctors at a recent Louisiana State Medical convention were asked two questions:

- Ques. 1. Do you prefer an antiseptic body powder?
"Yes," said 98—2 did not answer.
- Ques. 2. What is your favorite brand of antiseptic powder?
"AMMEN'S," said 97—another brand, 1—2 did not answer.

Doctors realize that the perfect all-purpose body powder must be:

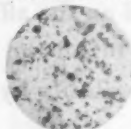
- ANALGESIC** . . . to soothe the skin
ABSORBENT . . . to absorb perspiration
ANTISEPTIC . . . to prevent bacterial growth

Exhaustive laboratory tests proved that Ammen's quality and antiseptic action provide protection and specific comfort that ordinary powders just don't have.

That's why hundreds of thousands of Uncle Sam's boys, from the blistering tropics to the biting Arctic, use Ammen's.

CHAS. AMMEN LTD., Alexandria, La., U. S. A.

AMMEN'S is ABSORBENT



Unretouched, magnified photo of Ammen's Powder.

Note uniformly fine particles which result in a smooth, fine texture.

AMMEN'S is ANTISEPTIC

Unretouched photo of agar cup plate test. Black area (6 to 7 mms.) is zone in which germs cannot live.



AMMEN'S

Triple Action Powder
Always "TOPS"

But it took a war to Prove it!

N'S
YES

HEAT
BITES

RASH

minor
d foot
s



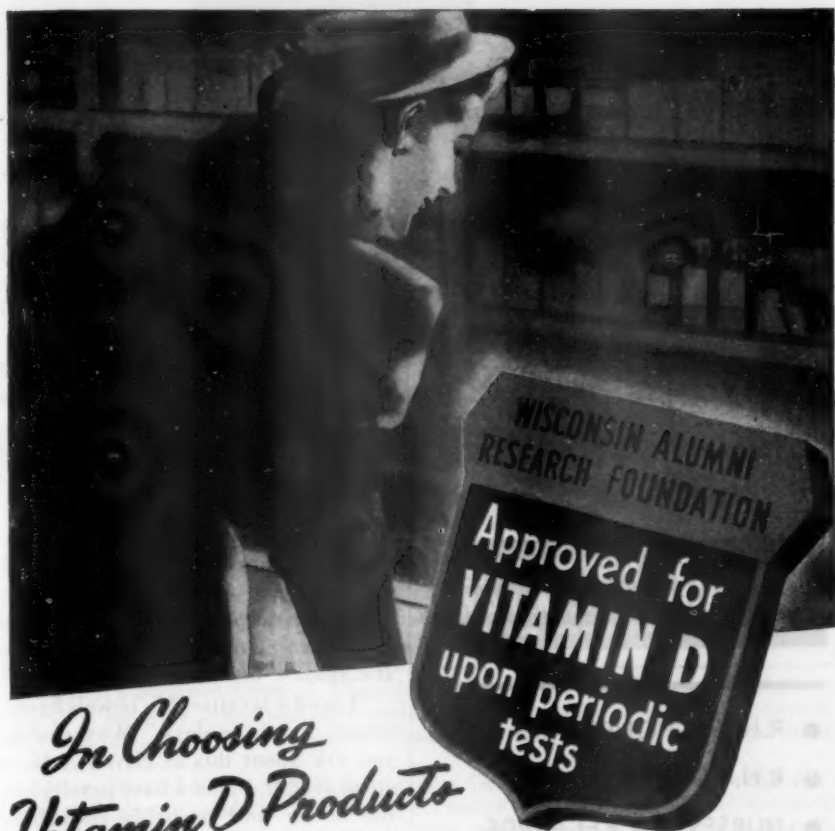
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R.N.



In Choosing Vitamin D Products

... look for this seal

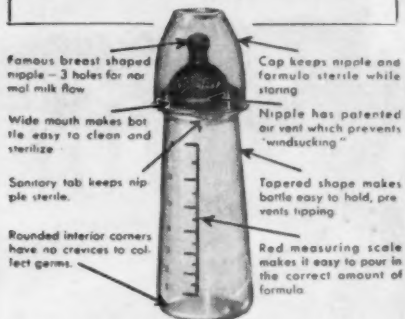
If the drug or food product you are choosing should contain Vitamin D, this seal assures you that the strictest laboratory control possible is being exercised to guarantee that the "Sunshine Vitamin" is there in full strength—for every product bearing this seal is rigorously tested in the Foundation laboratories.

For twenty years this Foundation has carried on its program of research and testing. It licenses only products of definite value. That is why the Foundation seal has won the complete confidence of the medical profession and the public. Look to it for your added guarantee.

WISCONSIN ALUMNI *Research* FOUNDATION
MADISON 6, WISCONSIN

July, 1945

See the simple new
HYGEIA feeding technique



Nipples, bottles, and caps should be assembled after sterilizing—and not handled again until feeding time

HYGEIA NURSING BOTTLES
NIPPLES WITH CAPS

Sold complete as illustrated, or parts separately

- R.N. STATIONERY
- R.N. RECORDS
- NURSES' POCKET GUIDE
- R.N. PINS AND RINGS
- R.N. AUTO EMBLEMS
- CLOTH NAME TAPES

AND MANY
OTHER ITEMS

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ASK FOR YOUR COPY

R.N. SPECIALTY COMPANY

SAME MANAGEMENT AS
PROFESSIONAL PRINTING COMPANY, INC.
15 EAST 22ND STREET
NEW YORK 10, N.Y.

They'll Do It

[Continued from page 35]

won't be able to wait to relay the mistake to your doctor.

"Are you sure the doctor ordered this medicine for me?" After she takes it, she asks me! I'm positive it was the right medicine, but every nurse experiences that awful sinking feeling whenever she remotely thinks she might have given the wrong medicine.

"I've had a headache all afternoon, doctor." Well, don't look at me, ma'am. Nor you, either, doctor. I'm not a mind reader. How did I know she had a headache when she didn't mention it until now?

"Oh, do I have to have a hypo? I can't stand needles!" Well, you told me the pain was excruciating, so I called the doctor for an order and this is it. I can't chloroform you, you know. It's against the law.

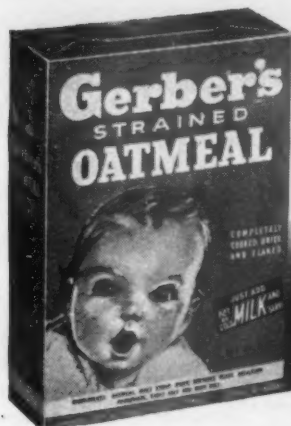
"I need a laxative. My bowels haven't moved for three days." Why couldn't you ask about this at eleven A.M. instead of P.M.? Now I have to telephone the doctor and probably disturb his sweet slumber. He may be irked enough to order an enema and I'll have to give it to you. And I was trying to get off duty on time tonight.

"May I use the bed pan, first?" You always want to use the bed pan when I'm ready to do your special treatment. I had planned on getting it done before I get too busy with routine work. Or didn't you know I had a routine?

"There's too much ice in this bag." I know. There's always too much or too little. The hot water bottle is always too hot or too cold or too heavy or too light, ad infinitum.

"The other nurse who took care of me yesterday did my dressing differently from the way you're doing it, and

R.N.



MUST A GOOD OATMEAL CEREAL* FOR BABIES BE HIGH-PRICED?

"Baby cereals of high nutritional value priced within the reach of every mother," that is the policy pioneered by the Gerber Products Company—a policy that has won the commendation of many physicians and nutritionists.

Gerber's Strained Oatmeal, as the table below shows, is rich in added iron and thiamine (derived from natural sources).

Gerber's Strained Oatmeal mixes to a smooth, uniform texture, is pleasant tasting. It has very low crude fibre content which makes it suitable as a starting cereal for infants. Pre-cooked, dried, flaked—it is ready-to-serve with the addition of milk or formula.

Many physicians have found that serving Gerber's Strained Oatmeal, alternating with Gerber's Cereal Food helps baby eat better by avoiding monotony. Gerber's Strained Oatmeal is especially useful in cases where a wheat allergy is indicated.

IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
National Research Council recommended allowance for infants.....	0.40	6.0
One ounce Gerber's Strained Oatmeal.....	0.42	12.3
(Gerber's Strained Oatmeal: 109 Calories per ounce.)		



GERBER PRODUCTS COMPANY Dept. 357-3, Fremont, Mich.

Gentlemen: Kindly send a complimentary sample of Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

Name.....

Address.....

City..... State.....

READ

What these nurses say about our service:

"More Social Life Than I've Had Since I Was in School."—a nurse we sent to Hawaii.

"Here a Few Months and Have Just Had An Excellent Promotion"—another pleased applicant.

"Seeing the Historical Places and Soaking Up This Beautiful Sunshine."—comes enthusiastically from a third.

"A Better Salary Than I Could Have Secured For Myself; Saving Most of It."—says a nurse in Nevada.

"The Most Agreeable Position I've Ever Held."—a medical secretary.

We'd like to help you realize YOUR ambition. Won't you let us try?

GENERAL DUTY—(a) County hospital, Central California; \$170, maintenance. (b) Several for 600-bed general hospital, Southern California; \$175, meals; straight 8-hour duty.

INSTRUCTORS—Both practical and theoretical; large Catholic teaching hospital, Southern California; \$200.

OBSTETRICS AND SURGERY—(a) Experienced obstetrical nurse; 75-bed hospital near ocean, Central California; \$175, maintenance. (b) Operating room nurse, 40-bed general hospital town of 10,000 near ocean, California; \$175, maintenance.

SUPERINTENDENTS OF NURSES—(a) Charge of nursing service, 70-bed county hospital near Sacramento; \$175, maintenance. (b) Small mining hospital, California desert; \$325. (c) For privately owned 50-bed hospital, San Joaquin Valley, California; \$200, maintenance.

SUPERVISORS—(a) Communicable disease; 300-bed county hospital near ocean and Los Angeles; \$205. (b) Medical supervisor, small private general hospital 60 miles from Los Angeles; \$200.

DIETITIANS—(a) For 100-bed hospital, Hawaiian Islands; \$265. (b) Large county hospital, Central California; newly created position, opportunity to organize department; open.

Business and Medical Registry

609 South Grand Ave., Los Angeles 14, Calif.

(Agency)

Elsie Miller, Director

I was so comfortable all day." Implying that if I don't do it differently you'll be miserable all day. I wish that other nurse was here, and it was my day off.

"I think I'll have to be pulled up in bed a little more. Do you mind?" Oh, no, not at all. I've just given you your bath, arranged five pillows under you in strategic places, straightened your covers, and placed all your personal paraphernalia (junk) around you. I'll be delighted to start all over again. After all, I only have six more patients to bathe before eleven o'clock and it's only ten o'clock now.

"Would you take the blanket out from under my spread? I'm too warm." Yes, and in twenty minutes you'll want it back again because you're too cold.

"Will you roll the head of my bed up? A little farther,—no, down a notch—let's see, that's not quite high enough—no, no, that's too high—a little lower." Yes, yes, I know—roll it right back where we started, but if you think it's different, O.K.

"My husband has to come in after visiting hours this evening, because he has to work and can't get away any other time, poor dear." Yesterday you complained bitterly about another patient's having visitors after hours. But your visitors are different.

"Would you change the water on my



SPECIALIZATION

CLINICAL LABORATORY TECHNIQUE

holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not overcrowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. *Established 27 years.*

Northwest Institute of Medical Technology, Inc.
3404 E. Lake Street
Minneapolis, Minn.

The Nipple that mirrors Nature!



Breast-feeding is best for babies, of course. But when bottle-feeding is necessary, the Davol "Anti-Colic" brand "Sani-Tab" nipple is a satisfactory substitute. This nipple offers three important advantages:

- 1. Design.** It is especially fashioned to simulate the natural mechanics of breast-feeding in every way possible. It is short, like the maternal nipple. It has a firm, reinforced sloping shoulder corresponding to the areola of the lactating breast.
- 2. Action.** It induces the same forceful, coordinated "muscle-pull" action that the infant uses at the breast. This persistent, rhythmic action stimulates the bones of the jaw, mouth and nose; helps proper formation of the jaw and dental arches.
- 3. Timing.** Authorities agree that babies need to suck. This nipple encourages a full 20 minutes or more of essential sucking exercise at each feeding. The nipple is "timed" so that it does not feed too easily or with too much difficulty.

The Davol "Anti-Colic" brand "Sani-Tab" nipple is described in detail in the treatise below. Written for physicians—17 illustrations, including 6 anatomical drawings. We shall be pleased to send you a copy. Just use the convenient coupon below.

DAVOL

DAVOL RUBBER COMPANY
PROVIDENCE 2
RHODE ISLAND

Davol Rubber Company
Dept. RN7-5
Providence 2, Rhode Island

Gentlemen: Please send me a complimentary copy of the treatise, *Bottle Feeding in Relation to Infantile Colic and Malformation of the Mouth at the following address:*



Name.....
Address.....
City..... State.....

QUE

Nurse
d that
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years.

nc.

R.V.

FIVE GREAT AMERICAN UNIVERSITIES*

Report Specific New Findings Regarding High Value of Canned Foods in Relation to NUTRITION AT LOW COST

**Detailed report published in the August 10th, 1935, issue of The Journal of Nutrition*

Up to the present, tables of nutrition values have dealt principally with fresh foods. Now, for the first time, authoritative information is available regarding the nutritive values of a wide variety of *canned* foods.

These valuable data result from research conducted by five great American universities—jointly sponsored by the National Canners Association and the Can Manufacturers' Institute, Inc.

Assays were made of 823 samples of 32 commercially canned foods. Samples were selected from all the principal canning areas—and were taken at various times during the canning season to obtain findings free from distortion by differences in maturity stages, seasons of harvesting, and canning methods.

As you know, the nutritive values of fats, carbohydrates, proteins, minerals, and oil-soluble vitamins are virtually unchanged by cooking in a sealed container. Since canned foods are *cooked* foods, this research centers upon those values known to be affected by cooking.

The assays revealed excellent retention of ascorbic acid in canned varieties

of such fruits and vegetables as are naturally rich in this vitamin.

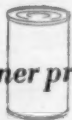
Rich sources of carotene, likewise, remained high in value in the steel-and-tin can. Fruit and vegetable canned products also were found to contribute substantial amounts of niacin—and certain vegetables supplied riboflavin, the vitamin most often deficient in American diets. Fish products in cans were found to be excellent sources of both riboflavin and pantothenic acid.

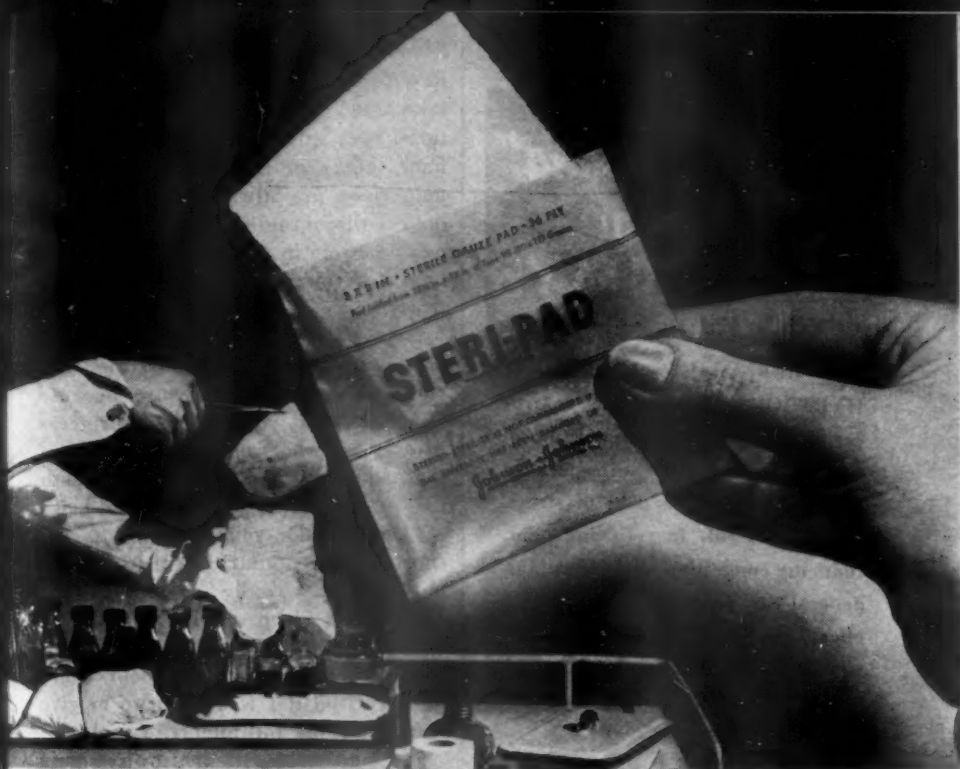
These, of course, are but a few of the broad facts revealed. Specific data will be presented by succeeding advertisements in this series.

As a reader of this publication, you play an important part in helping to form public dietary habits. We urgently request your valuable support in disseminating information regarding the values of canned foods in supplying low cost nutrition. For that purpose, a booklet, now on the press, has been prepared, presenting in lay language the facts revealed by the research mentioned above. Upon your request we shall be happy to send you a copy free. Please address:

CAN MANUFACTURERS' INSTITUTE, INC., 60 EAST 42nd STREET, NEW YORK 17, N. Y.

No other container protects like the can





Hospital Service

in an envelope

● Steri-Pads* give you hospital dressing service—in your office! Neatly folded and sealed in individual envelopes, they're always ready for use—sterile, convenient, inexpensive.

Two types—All-Gauze and Zobec*—the pad with the downy cotton filiation that provides added softness and absorbency. Three sizes—2", 3" and 4" squares, 100 in box.

ORDER FROM YOUR DEALER

*Trade Mark Registered U. S. Pat. Off.



STERI-PADS

2 TYPES—ALL-GAUZE & ZOBEC

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.



A "Helping Hand" THROUGH TRYING DAYS

The dependable benefits of **HYPEROL** in helping to control certain periodic functional utero-ovarian irregularities are especially useful during these days of stress. **HYPEROL** aids in relieving pain, reducing congestion, and improving general well being where hematinic effects are required, enabling most women to continue in their normal activities.

HYPEROL IN UTERO-OVARIAN IRREGULARITIES

contains Hydrastine
Alkaloid, Aloin
Apioi, and Ferrous
Carbonate (Blaud).



The
PURDUE FREDERICK
COMPANY

Makers also of Gray's Compound
135 Christopher Street
New York 14, N.Y.

flowers? They look so droopy." I haven't time to do it, but if I don't take time, you'll think I'm an uncultured heel who doesn't appreciate the finer things in life. Newspapers and magazines are always printing little notices discouraging the sending of so many flowers in war time. But can you help it if your friends don't (or can't) read?

"There's a teeny little wrinkle in my draw sheet, and it annoys me. Will you smooth it out?" Oh, sure, because for all I know, you may be a princess in disguise who would be able to feel the presence of a tiny pea underneath the cushioning of seven feather beds.

"Did I wake you?" That's a real short cut to popularity with the night nurse.

"I didn't sleep a wink all night." Well, you were snoring blissfully every time I stuck my head in the door. Don't be surprised if I wake you up to give you a sleeping pill tomorrow night.

Patients are patients, everywhere, but it's because patients are PEOPLE, I guess.



WORRY BIRD

I bought a Worry Bird, one day,
With a bill of shiny yellow;
Contrived to take my cares away,—
A useful sort of fellow.

They said he wouldn't eat nor hop
No fly in flustered flurries,
Just sit upon my dresser top
And worry with my worries.

But late last night, that traitor fled
To roost within the willow,
And left my cares with me, instead,
Upon my tumbled pillow!

—SYLVIA STORLA CLARKE, R.N.



DAY IN, DAY OUT...

In these days of long hours and extra work for nurses, we're glad that GRIFFIN ALLWITE is helping simplify one of your daily chores . . . keeping your white shoes clean, easily and quickly.

Excellent for all types of white shoes, GRIFFIN ALLWITE restores a snowy, "rub-off-resistant" finish that dries smoothly and evenly. What's more, because it's *chemically neutral*, GRIFFIN ALLWITE can be used as often as needed on the most delicate leather or fabric!

...We take pride in the fact that, year after year, in actual surveys, America's nurses choose GRIFFIN ALLWITE as their favorite white shoe cleaner.



GRIFFIN ALLWITE

BOTTLES & TUBES
10¢ AND 25¢ SIZES

Life Insurance

[Continued from page 43]

In selecting a life insurance company, you might ask your local bank, Better Business Bureau, or some business man whose judgment you trust, for an opinion on any company in which you are interested. It is best *not* to buy insurance by mail from a company which is not licensed to do business in the state in which you live.

To summarize, buy ordinary life insurance, and leave the dividends with the company to accumulate. When obtaining the policy, you might ask the agent for an estimate, on the basis of present dividend schedules, of the time required for the dividends to pay up the policy. Buy only as much insurance as you need, and ask the agent to

arrange the settlement options in such a way that the proceeds will be used to attain the objectives that you have in mind. Obtain a trustworthy, independent opinion on the safety of the life insurance company that you have selected.

Finally, before obtaining any policy, *consider the cost carefully*. Can you afford it? It may be well to "sleep" on any offer so that, in a rush of enthusiasm, you will not be hurried into something that you may regret later.

What else? You have just signed up for a two thousand dollar endowment policy and you would now like to change it to an ordinary life policy? Simply call up or write to the agent and say so. Until the life insurance company has accepted you and issued the policy, you can usually change your mind.

USE V-E-M for comfort

If your nose is "stuffy," or irritated by Pollen, Dust, Smoke, or Fumes. A quick "spot" up each nostril gives pleasant relief. Free sample to Nurses on request.

SCHOONMAKER LABORATORIES, INC.



DEPT. R. N. CALDWELL, N. J.

The Linde Oxygen Therapy Handbook . . .



will familiarize you with the characteristics of the latest types of equipment and the current techniques for administering oxygen. It will help you to assure greatest comfort and best results for your patients. Write for a copy.

THE LINDE AIR PRODUCTS COMPANY

Unit of Union Carbide and Carbon Corporation
30 East 42nd St. **UCC** New York 17, N. Y.

LINDE OXYGEN U. S. P.

TWO ACE Elastic BANDAGES

EACH OUTSTANDING IN LONG LIFE
AND THERAPEUTIC VALUE



THE ACE

ALL COTTON—WITHOUT RUBBER

No. 1 — NATURAL COLOR

(Should be compared ONLY with
all-cotton elastic bandages.)

This all-cotton Ace is superior to any other all-cotton elastic bandage. Its therapeutic value has been proven in hundreds of thousands of cases of varicose veins and ulcers, strains, sprains and injuries. Made from long-fibered Egyptian cotton with properly twisted warp and weave, it has an adequate quantity of cross threads to provide substantial body. The feather edge prevents raveling or cutting by the edges and assures comfortable wear. The stretch is moderate and uniform over the full width of the bandage. Washing restores any elasticity lost in use.

THE ACE

REINFORCED WITH "LASTEX"*

No. 8 — SKIN-TONE

(Should be compared ONLY with
rubber reinforced elastic bandages.)

This Ace assures constant elasticity because it is reinforced with "Lastex" yarn. "Lastex" has the efficient qualities of rubber but eliminates the inefficient properties. Therefore, this Ace No. 8 — with "Lastex" has been designed to remain active and useful — comparatively unaffected by dealer storage, perspiration, oils, grease, and other solvents which may shorten the life and reduce the therapeutic value of bandages not reinforced with "Lastex".

* Reg. U. S. Pat. Off.

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

July, 1945

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"My Toothache First Aid Kit is in This Little Box"

"I know how seriously toothache can affect a patient's comfort—that's why I carry Poloris in my first aid kit. It works so quickly and safely to bring relief."

For over 30 years the dental profession has prescribed POLORIS dental poultice for toothache, discomfort after extraction and other emergency dental pain. POLORIS treatment is local—not systemic. Unlike analgesic tablets and powders it is not a "cure-all"—has no bad after-effect. POLORIS is designed solely to give prompt, safe, effective relief until a dentist can be visited.

POLORIS

Dental Poultice is Recommended by Many Thousands of Dentists and Physicians

POLORIS is easily applied between cheek and gums. Its counter-irritant action quickly relieves the congestion that causes discomfort, accelerates the reparative processes in the pain area, increases local nutrition and produces better after-pain results.

For FREE Supply of POLORIS...

Free samples of Poloris dental poultices sent on request.
Address: Poloris Company, Inc., Dept. 55-G, 12 High Street, Jersey City 6, N.J.



Positions Available

To apply, write a separate application for each opening and address to correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. [R.N. does not conduct an employment service, but forwards your inquiries to placement bureaus and individual employers. Send no money with application. Bureaus requiring a fee will bill you. ANSWER JOB ADVERTISEMENTS PROMPTLY!]

ANESTHETIST: Central metropolis, 400-bed hospital having very active surgical and obstetrical department; gas, ether, nitrous and cyclopropane administered; staff of four anesthesiologists; \$200-\$250, full maintenance; month's vacation annually. (Placement bureau charges \$2 registration fee.) Box MB7-1.

ANESTHETIST: South. General hospital; all-graduate staff; growing organization; excellent opportunities for advancement; \$2800-\$3400. (Placement bureau charges \$2 registration fee.) Box MB7-2.

***ANESTHETIST:** Texas. For clinic; excellent salary. Apply: Olan Key, M.D., Plains Clinic, 2609 - 19th Street, Lubbock, Texas.

DIRECTOR OF NURSES: Pacific Coast. New 250-bed hospital; all-graduate staff; no provisions made for inauguration of school, consequently appointment requires someone interested in directing nursing service only; \$300, maintenance. (Placement bureau charges \$2 registration fee.) Box MB7-4.

DIRECTOR OF NURSES, ASSISTANT: East. To teach one course; 400-bed hospital; good salary, excellent maintenance; hospital will pay interview expense. (Placement bureau charges \$2 registration fee.) Box C-147.

EDUCATIONAL DIRECTOR: South. 250-bed private psychiatric hospital. (Placement bureau charges \$2 registration fee.) Box C-146.

***GENERAL DUTY NURSES:** California. 50-bed hospital; 48-hour week; \$155-\$170; also Supervisor \$165-\$190. Apply: Burbank Hospital, Burbank, Calif.

***GENERAL DUTY NURSES:** Florida. \$125, full maintenance. Apply: Morrell Memorial Hospital, Lakeland, Florida.

***GENERAL DUTY NURSES:** Michigan. New modern 50-bed hospital in central part of state; 45-hour week; \$194. Apply: Midland Hospital, Midland, Michigan.

GENERAL DUTY NURSE: Nevada. Mining hospital; \$182.50, maintenance. (Placement bureau charges \$2 registration fee.) Box C-153.

***GENERAL DUTY NURSES:** South. 48-hour week; \$125, full maintenance. Apply: Director of Nurses, T. J. Samson Community Hospital, Glasgow, Kentucky.

***GENERAL DUTY NURSES.** West. Gross income \$165, \$10 additional for afternoon and night duty; living quarters supplied, nominal fee. Apply: Director of Nurses, Renton Hospital, Renton, Washington.

INDUSTRIAL NURSE: Chicago area. Large plant; \$180-190. (Placement bureau charges \$2 registration fee.) Box MB7-7.

***INSTRUCTOR, NURSING ARTS:** Greater New York. For small training school; 130-bed general hospital; salary open. Apply: Box TBH7-45.

INSTRUCTOR, PEDIATRIC: Pennsylvania. Degree and post-graduate work required; 300-bed hospital. (Placement bureau charges \$2 registration fee.) Box C-148.

OFFICE NURSE: San Francisco area. To assist urologist in private practice; \$165, bonus. (Placement bureau charges \$2 registration fee.) Box MB7-8.

***PEDIATRIC NURSE:** East. For convalescent home; 2:30 to 11 P.M. duty; pediatric experience required; home considered essential by WMC; \$160, full maintenance. Apply: Supt., Children's Country Home, 18th and Bunker Hill Road, N.E., Washington 17, D.C.

***POST GRADUATE WORK:** Maryland. Only communicable disease hospital in the state offers six months' post graduate course in Communicable Disease Nursing to graduates of accredited schools of nursing. Those successfully completing the course are granted a certificate in Communicable Disease Nursing by the Baltimore City Health Department. \$110, full maintenance. Apply: Supt. of Nurses, Sydenham Hospital, Baltimore 12, Maryland.

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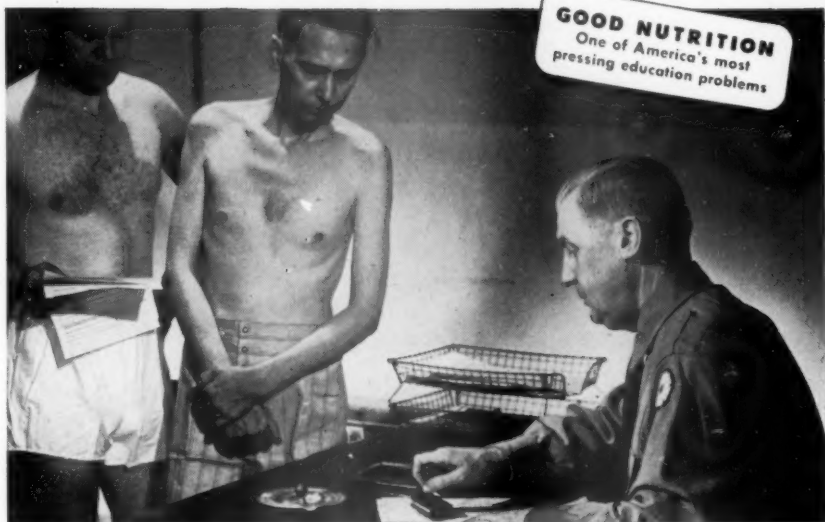
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